



**College of  
Southern  
Idaho**

DEPT. OF HEALTH SCIENCES AND HUMAN SERVICES  
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**\*\*\*\*\*ASSOCIATE DEGREE NURSING PROGRAM  
APPLICATION FOR ADMISSION**

CSI ID Number:

Registered Nursing  
PN Transition

Male Female

Name: \_\_\_\_\_  
First Middle Last Former Name

Home Address: \_\_\_\_\_  
Street Address City State Zip code

Permanent Address (if different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Area Code Area Code

Email: \_\_\_\_\_

**EDUCATION**

**Official Transcript(s) must be received by the Office of the Registrar**

NAME OF SCHOOL	LOCATION OF SCHOOL	FROM MONTH/YEAR	TO MONTH/YEAR	DID YOU RECEIVE DIPLOMA? DEGREE? CERTIFICATE?	WHAT WAS YOUR MAJOR/MINOR?
HIGH SCHOOL OR GED					
COLLEGE OR UNIVERSITY					
	<b>TYPE</b>	<b>ISSUED BY WHICH STATE OR AGENCY</b>	<b>LICENSE NO.</b>	<b>DATE</b>	
Professional Licenses					
or Certification					

**PLEASE READ AND SIGN THE FOLLOWING**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause for denial of admission or expulsion from the College. I understand that illegal use, possession, and/or misuse of drugs are reasons for immediate dismissal from any of the programs in the Health Science and Human Services Department. I understand that a felony conviction may prevent me from obtaining a nursing degree.

**Type name to sign document**

SIGNATURE OF APPLICANT	DATE
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