

**WATTS SCHOOL OF NURSING  
APPLICATION FOR ADMISSION  
2828 Croasdaile Drive, Suite 200  
Durham, North Carolina 27705**

Watts School of Nursing does not discriminate in the educational program or activities of the School on the basis of race, sex, sexual orientation/preference, age, disability, national origin, religion, veteran status or color.

You are urged to give careful consideration to each question on this application and return it promptly to the Coordinator of Student Affairs. **Please print or type clearly.**

Date \_\_\_\_\_, 20\_\_\_\_\_ Social Security Number XXX - XX - \_\_\_\_\_

1. Print name in full \_\_\_\_\_  
Last First Middle

2. Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Mailing address \_\_\_\_\_  
Number and Street City State Zip Code

4. If you are under age 18, who is your legal guardian?

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Relationship: \_\_\_\_\_

5. Person to be notified in case of emergency: Name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Relationship: \_\_\_\_\_

6. Citizenship Status: U.S. Citizen \_\_\_\_\_ U.S. Lawful Permanent Resident \_\_\_\_\_

7. List all high schools you have attended

Name of High School	City and State	Date of Entry	Graduation Date

8. Are you applying on the basis of a:

GED? Yes \_\_\_\_\_ No \_\_\_\_\_ Date GED received \_\_\_\_\_

AHSD (Adult High School Diploma)? Yes \_\_\_\_\_ No \_\_\_\_\_ Date AHSD received \_\_\_\_\_

9. List all vocational programs, colleges and universities you have attended

Name of Institution	City and State	Dates Attended	Diploma or Degree Received

10. Are any of your transcripts under another name? If so, list name used at each institution

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

If any program was not completed, state reason: \_\_\_\_\_

\_\_\_\_\_

11. Have you ever submitted an application to this school before? Yes \_\_\_\_\_ No \_\_\_\_\_  
When? Month/Year \_\_\_\_\_

12. Have you ever been convicted of a criminal offense other than a minor traffic violation or are there such criminal charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. Use separate sheet if necessary.

13. Submit three references. You may use a recent teacher, counselor, employer, or clergyman. References from relatives are not accepted.

**Write your name on the provided reference forms on the first line "Name Of Applicant" then have each individual complete the reference form and return to you for submission with your application.**

14. Please write on a separate sheet of paper an account of (A) your reasons for choosing the Nursing Profession, (B) why you desire to enter the Watts School of Nursing, (C) your activities and experiences since you last attended school if more than three (3) months have elapsed, (D) your future aspirations and plans.

**AGREEMENT:**

It is my understanding that I shall not be considered for admission in the Watts School of Nursing until I have submitted all credentials as specified by the school. I further agree to inform the school office of any change 1) in my plans to attend the School of Nursing, 2) of address, 3) in my legal name.

I understand that withholding information requested in the application or giving false information on any document may make me ineligible for admission to/or continuation in the Watts School of Nursing.

I further understand that I am required to abide by the rules and regulations of the school.

With this in mind, I certify that all information, statements and documents given are correct and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (If applicant is under 18 years of age)