

MONTANA STATE UNIVERSITY BILLINGS CITY COLLEGE CERTIFICATE OF APPLIED SCIENCE PRACTICAL NURSING PROGRAM APPLICATION FORM

APPLICATION DEADLINE: MUST BE <u>RECEIVED</u> NO LATER THAN 12:00 pm ON <u>October 23rdth</u>, 2023

Recommend that applications be hand delivered, but can be mailed, faxed, or emailed.

Susan Floyd, Nursing Director 3803 Central Avenue Billings, MT 59102

PSYX 101

Introduction to Psychology

sfloyd@msubillings.edu 406-247-3026 (fax)

TO BE ELIGIBLE FOR CONSIDERATION, YOU MUST BE ADMITTED TO MSU BILLINGS PLEASE CONTACT NEW STUDENT SERVICES AT 406-247-3000

LAST NAME				FIRST NAME			
MSU BILLING STUDENT ID#			E-MAIL	E-MAIL ADDRESS			
STREET ADD	RESS		TELEPH	ONE NU	MBER		
CITY, STATE,	ZIP						
What is your selective GPA? (Students must have at least a 2.50 selective GPA)							
not sentence was pending? If y documentation	as suspended or deferrates, attach a detailed for: (1) misdemeanor	red), or have you pled no content explanation and documentation r traffic violations resulting in	st or had pro ion from the <u>f</u> ines of les	secution de source.	en convicted of a crime (whether of eferred whether or not an appeal is You must report but may omi 00; and (2) charges or convictions		
Attach copie	es of <i>all</i> college tr	anscripts including MSU	Billings (unoffici	al transcripts).		
		in the following prerequisite co					
COURSE	NAME		GRADE	DATE	APPROVED SUBSTITUTION		
BIOH 101 OR 104	Basic Human Biolog Biology	y/Foundations of Human					
BIOH 105	Foundations of Hum	an Biology Lab					
M 120	Mathematics with He	ealthcare Applications					
WRIT 101	College Writing						

List <u>all</u> colleges and/or universities attended.

Institution	Location	Dates of Enrollment	Degree/Major				
List employment history, most recent first during the past five years. <u>If using medical employment for points then provide HR documentation that includes job title, dates of employment, and HR contact information.</u>							
I understand that enrollment in the Nursing Program signifies my willingness to conduct myself in accordance with the appropriate standards of personal behavior and to adhere to the academic policies and other regulations stated in the catalog. I grant permission for Nursing Department to review my updated transcript for the purposes of this application.							
Student Signature		Date					