

**HOPE COLLEGE NURSING DEPARTMENT**

Student Admission Application Form

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

Student ID # \_\_\_\_\_ Advisor \_\_\_\_\_ Status: Full time \_\_\_\_\_ or Part time \_\_\_\_\_

Planning to Start Nursing Program: Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Year \_\_\_\_\_

Do you plan on studying abroad: Yes \_\_\_\_\_ or No \_\_\_\_\_ If yes when? \_\_\_\_\_

Do you plan on studying with Chicago or Philadelphia Semester: Yes \_\_\_\_\_ or No \_\_\_\_\_

**Campus Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

\_\_\_\_\_  
(Name of Cottage) or (Name of Dorm and room number)  
\_\_\_\_\_  
(Telephone) (campus e-mail address)

**Citizenship (circle one):** US Citizen Non-US resident

**Race/Ethnicity (circle one):** White African American Hispanic or Latino

Asian American Indian Alaskan Native Native Hawaiian Pacific Islander

*(Important in determining efforts toward providing equal opportunities)*

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Colleges Attended/Attending (if other than Hope College)** **Are you a transfer student to Hope College? Y \_\_\_\_\_ N \_\_\_\_\_**  
(Check one)

Name Dates Degree or Diploma

- Register for TEAS exam.
- Indicate the two people from whom you have requested letters of reference below:  
(See Admission Information) To print the reference form, click here.

Name Title Address

I give the nursing department permission to review my Hope College transcript.

\_\_\_\_\_  
Student signature Date

Send all information to: **Hope College Nursing Department**  
**Attention: Nursing Department Chairperson**  
**35 E. 12 St.**  
**Holland, MI 49423**