



**Hope College Nursing Department
Student Admission Application Form**

Name: _____
(Last) (First) (Middle)

Student ID # _____ Advisor _____ Status: Full time _____ Part time _____

Planning to Start Nursing Program: Fall Semester _____ Spring Semester _____ Year _____

Is this your first time applying to the Hope College Nursing Program? Yes _____ No _____

If no, when did you apply for the program previously? Semester _____ Year _____

Do you plan to study abroad: Yes ___ or No ___ If yes when? _____

Campus Address: _____
(Street) (City) (State) (Zip)

Name of cottage/ dorm and room number _____

Telephone: _____ Campus e-mail address _____

Citizenship: US Citizen Non-US resident

Race/Ethnicity: White African American Hispanic or Latino

Asian American Indian Alaskan Native Native Hawaiian Pacific Islander

Parent Name: _____ Telephone: _____

Permanent Address _____
(Address/ Street)

(City)

(State)

(Zip Code)

Name of the High School you attended: _____



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Please list any awards, honors, or accolades that you have received within the last three years:

Recent volunteer experiences within the last three years:

Are you a veteran or have veteran status? Y _____ N _____

Languages spoken: _____

Past or current leadership roles: _____

Extracurricular activities: _____

Certifications: _____

Recent Work Experience within the last two years:

Are you a transfer student to Hope College? Y _____ N _____

If Yes, please list all colleges you have previously attended, including dual enrollment, with dates and whether a degree or diploma was issued: (Arrange to have official transcripts of all college credits sent directly to the Hope College Nursing Department)



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Indicate two people from whom you have requested letters of reference below:

(See admission information for the Reference Form they are to complete)

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

Student signature

Date

Please have your references send their form directly to:

Hope College Nursing Department
Attention: Nursing Department Chairperson
35 E. 12 St.
Holland, MI 49423
or
via email:
nursing@hope.edu