

PRAIRIE VIEW A&M UNIVERSITY
A Member of the Texas A&M University System
College of Nursing
Office of Pre Nursing Advising
Application for Upper-Division Clinical Admission
(Prairie View Students Only)
www.pvamu.edu

Personal Data

Name _____ (Last) (First)	Social Security# _____
	PV Student ID# _____
Permanent Address _____	Telephone _____ (Area Code) Home
City/State/Zip _____	(Area Code) Work
E Mail _____	(Area Code) Cell
Birth Date ____/____/____	Current Licensure: None ____ Specify _____
Clinical Entry Date: Fall ____ Spring ____ Year ____	

Test Information

PASSED _____ FAILED _____ EXEMPT _____ (Based on _____)
THEA/TSI/TASP _____ ACCUPLACER _____ COMPASS _____ MAPS _____ ASSET _____
NET PASSED _____ FAILED _____ TIMES TAKEN _____ PLACE TAKEN _____
Note: Test satisfied by "coursework" does not meet College of Nursing test requirements.

Education

Previous Academic Degree	No _____ Yes _____	If yes, what degree(s)? _____	
Currently enrolled at PVU?	No _____ Yes _____	If no, last attended Fall ____ Spring ____	
Prior colleges and/or universities and other professional institutions attended, whether or not credit was earned. Begin list with most recent. (Submit copy(ies) of unofficial transcript(s) even if official one(s) have been submitted. Copies from PantherTracks <i>are not</i> acceptable).			
College	Year	College	Year
_____	_____	_____	_____
_____	_____	_____	_____
Course(s) Currently Enrolled	Sem/Yr	Additional Courses to be completed	Sem/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, explain date, circumstances and status:

Supporting Statement

Please type the personal statement on a separate sheet of paper

Write a personal statement that explains your perception of the nursing profession. Such information might include discussion of health related exposure, work experience, strengths and weaknesses, and your projected contributions to the College of Nursing. Statements should be brief, clear and concise. Your summary will be used by the Admissions Committee in their deliberation.

I understand that the information submitted herein will be relied upon by the department officials to determine my status for admission to the College of Nursing. I authorize all educational institutions that I have attended or maintained records relating to me to release such information to Prairie View A&M University officials. I agree to notify the Prairie View A&M University Office of Pre-Nursing Advising if any changes in the information provided. I certify that the information in this application to the best of my knowledge is accurate and complete. I understand that the submission of false or misrepresented or willful omitted information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, and appropriate disciplinary action.

Signature of Applicant

Date

Submit the completed application package **via mail** to:

Prairie View A&M University
College of Nursing
Office of Pre-Nursing Advising
P. O. Box 519, Mail Stop 2725
Prairie View, Texas 77446

Applications must be postmarked by **March 1** for **Fall** admission and **October 1** for **Spring** admission.