

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES--COLLEGE OF NURSING

Return to: Director of Admissions, 4301 W Markham #529, Little Rock, AR 72205

NON-DEGREE SEEKING APPLICATION

(Print or type all information)

SS#: _____ - _____ - _____ NAME: _____
Last First Middle Other Names

CURRENT ADDRESS: _____
Street

City State ZIP

Telephone #: (____) _____ Daytime/Cell Telephone #: (____) _____ / (____) _____

PERMANENT ADDRESS: _____
Street

City State ZIP

Telephone #: (____) _____ E-Mail Address _____

ETHNIC ORIGIN:

Please check your choice of designation:

- I am Hispanic/Latino. Y-/N-
- Select one or more races:
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

Male___ Female___ Date of Birth ____/____/____
(mo) (day) (year)

CITIZENSHIP INFORMATION (to be completed by all applicants)

Place of Birth: _____
(city) (state) (country)

U.S. Citizen: Yes-___ No-___; Country of citizenship, if not U.S. citizen: _____

Are you an international student not under student or temporary visa _____

NON-DEGREE SEEKING COURSES:

Please indicate which course(s) and course number(s) you are planning to take and when:

| Course # | Course | Semester | Campus |
|----------|--------|----------|--------|
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EDUCATIONAL INFORMATION

Non-degree seeking students must provide an official transcript reflecting a baccalaureate degree.

| College(s)* | Location | Dates Attended | Degrees |
|-------------|----------|----------------|---------|
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Licensure Information:

(Submit a copy of all nursing licenses with this application)

Have you ever been admitted to the BSN _____ or the MNSc _____ program at UAMS?

When? _____ Name used _____

Yes__ No__ I have been convicted of a crime or a felony.

It is my understanding that I will be considered for admission to the University of Arkansas for Medical Sciences **non-degree seeking program** in College of Nursing only after submitting all credentials specified. I further agree to inform the College of Nursing of any change in plans to attend UAMS.

I certify that none of the information requested on this form is false. I understand that withholding or submitting inaccurate information will make me ineligible for admission and enrollment and subject to administrative withdrawal.

Honor Code:

We, the students of the UAMS College of Nursing, recognize the need for an atmosphere of mutual trust and respect in our academic community, as well as professional life. Students enrolled in the College of Nursing are bound by a peer administered Honor Code which provides the pride and self respect that each individual gains by living among honorable people. The Code rests on the premises that lying, cheating, and stealing constitute breaches of the spirit of honor and mutual trust, and are not tolerable within the health professions.

Acceptance of admission is an acceptance of the Honor Code and is an implicit agreement to live by its terms and spirit. Every student at the College of Nursing enjoys the benefits of the Code; each shares the responsibility of its enforcement and vitality. All entering students should realize that the Honor Code imposes dual responsibilities--to live from day to day within the terms and spirit of the Code; and to insist that fellow students also live within the Code.

It is important to understand that a student who willfully commits a dishonorable act has chosen to live directly in conflict with other students and the profession. The College of Nursing requires all applicants who are accepted for admission to sign a release form giving permission to access their background information. Those who have been convicted of a crime or a felony may not be able to enter some clinical sites and therefore would be dismissed from the program. To comply with mandates from many clinical agencies utilized by the UAMS College of Nursing, students are now required to have criminal background checks, driving history record, and/or urine drug screens prior to clinical agency experiences. Students who are not eligible to participate in clinical experiences based on the results of these checks, will not be able to meet course objectives, and will, therefore, be dismissed from the program.

Signature: _____ **Date:** _____