

*Alumni Association*

GPA 3.0 or higher

3. Second year (or higher) of RN pre-licensure nursing program or if in post-licensure program has passed NCLEX

---

:

---

Last

First

MI

City

State

Zip

\_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ Enrollment Statement Enclosed \_\_\_\_\_

ADN \_\_\_\_\_ LVN to RN \_\_\_\_\_ BSN \_\_\_\_\_ ADN to BSN \_\_\_\_\_

ADN to MSN \_\_\_\_\_ MSN \_\_\_\_\_ DNP \_\_\_\_\_ PhD \_\_\_\_\_ Other (specify) \_\_\_\_\_

Year in nursing program \_\_\_\_\_ Anticipated Date of Completion \_\_\_\_\_

Please include your student ID number \_\_\_\_\_

Mailing label 3038 (14810712) 3003 8 3EM.34e7-d18(\$)H-15 (n)25073EMd by 25771 (h)2.0 6EM5fl-(b)6(R12)