

WISCONSIN LUTHERAN COLLEGE

SCHOOL OF NURSING

Application to Nursing Program

Name: _____ Date: _____

Current year in college: _____

Current advisor _____

Contact information:

WLC Email _____

Cell phone _____

Please return this form to the program coordinator.

For department use only:

Overall GPA: _____

Pre-requisite courses completed:

CHE 161 _____ Yes (Grade: _____) _____ No

CHE 168 _____ Yes (Grade: _____) _____ No

PSY 101 _____ Yes (Grade: _____) _____ No

PSY 120 _____ Yes (Grade: _____) _____ No

BIO 202 _____ Yes (Grade: _____) _____ No

Requirement	Completed
1. Application to Nursing Program form	_____
2. Copy of unofficial transcript	_____
3. Drug Screen and Background Check	_____
4. One page statement from applicant	_____
5. Letters of Recommendation (3)	_____
6. Pre-Admission Exam	_____
7. Faculty Interview	_____

Eligible for admission: _____ Yes _____ No

EA requirements fulfilled: _____ Yes _____ No

Comments:
