

**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
SCHOOL OF NURSING**

**MSN PROSPECTIVE STUDENT RECORD
Hickory, North Carolina**

Please answer all questions. Print or type your responses in ink. Return the completed form to:

Linda Anderson, Program Assistant
UNCG School of Nursing, PO Box 26170
Greensboro, NC 27402-6170
(336) 334-5265

PREFIX (Please circle): Miss Mr. Mrs. Ms.

Last Name First Middle Preferred

Social Security # (optional) Date of Birth County of Residence

Permanent Mailing Address/RFD/Street/Box City/State Zip

Phone: () _____ () _____ () _____
Home Work Fax

If we need to call you, indicate which phone number (circle Home/Work) you prefer us to call and indicate here time of day _____

E-Mail Address _____

Employer _____

Your Position _____

Work full-time _____ part-time _____ shift _____

Prior Education _____
(BSN Institution) (Year)

Questions you might have: