

Buntain College of Nursing

_____YEAR Spring Fall Summer

JUNIOR -or- SENIOR -or- RN-BSN -or- MSN

Personal information:

Name _____ Student ID# _____

Preferred Name _____ Age at beginning of program _____

Demographic information:

NU Box # _____ Do you live on campus? YES NO

Home Phone _____ Cell Phone _____

Personal Email Address - note all school email will be sent to your NU email address

Current Address, including City, State and Zip code _____

Permanent (summer) Address, including City, State and Zip code _____

Hometown City _____ Hometown State _____

List an emergency contact (name and phone number)
