

Application for Admission to the Military Medic/Corpsman to LPN Program

Return this form to:
Nursing Office
Charleston Campus
Sort Code WCK106, Bldg K-106
6375 West Charleston Blvd
Las Vegas, NV 89146-1164
Phone: (702) 651-5649

Please print or type the information below. NOTE: It is the applicant's responsibility to notify the Nursing Office and Office of the Registrar of any name, address, or telephone changes.

Name	First	Middle		NSHE Number
Address				
Number	Street	Apt. Number		
	Telephone			
City	State	Zip	1	Daytime
E-mail Address	AlternateTelephone			
Indicate the semester for v	which you are currently a	applying: Spring	□ Fall	Year
Have you been enrolled in	this program before?	□ Yes □ No		
Military Status: ☐ Acti	ve 🗆 Veteran Bra	anch		
 □ Unofficial tr □ MyCSN Tra □ Copy of Hig □ Copy of DD □ Copy of AH 	wing documents with the anscript showing militare anscript showing complete the complete showing complete the	y medical training (CCA) etion of course equivalent ving military courses/cre , or HiSet ID card CPR card	nt to ENG 101	• /
IT IS THE APPLICANT'S RI ARE IN PLACE FOR EACH				AND THAT ALL NECESSARY DOCUMENTS
I certify that the above sta	tements are true to the bo	est of my knowledge.		
Applicant's Signature				Date
PN Program Director Sig	nature			Date

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