

*Southeastern Louisiana University School of Nursing
MSN Student Information*

• User Information

First Name:* Last Name:*
Middle/Maiden Name:
Street Address: City:
State: Zip Code:
Home Telephone: Work Telephone:
Email:*

• In case of emergency, notify:

Name: Relation to you:
Street Address: City:
State: Zip Code:
Home Telephone: Work Telephone:

• Place of Employment:

Name: Street Address:
City: State:
Zip Code: Department:
Work Title:

• University Graduated From:

Name of First University: Street Address:
City: State:
Zip Code: Date Graduated:
Degree Earned: State of RN Licensure:*

• If transfer student, University transferring from:

Name: Dates Attended:
Major:

• Have you been inducted as a member of an honor society such as Sigma Theta Tau International, Phi Kappa Phi, etc?

Yes No

Name of Society: Place Inducted:
Year: