

Southern University at Shreveport
School of Nursing
610 Texas Street, Suite 201
Shreveport, LA 71101
(318) 670-9641

Application for Admission: ***Practical Nursing Program***

Deadline for submission: **July 18th, 2025**

APPLICATION MUST BE SUBMITTED IN-PERSON TO THE NURSING OFFICE

PERSONAL DATA

Name: _____

Last

First

Middle

Mailing Address: _____
Number Street Apt.

City State Zip Code Parish/County

SSN: _____ SUSLA Student ID#: U _____

Email: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

Date of Birth: _____ Female Male (Circle One)
MM/DD/YYYY

U.S. Citizen: Yes No If not U.S. Citizen, type of non-immigrant visa: _____
OR Alien Resident Number and date issued: _____

EMERGENCY CONTACT DATA

Name: _____ Relationship: _____

Contact Phone # () _____

EDUCATIONAL DATA

****Official transcripts from all colleges and universities previously attended must be sent directly to the School of Nursing (See address, page 1)****

Yes *No*

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2. Have you taken one of the following approved admission exams within the last 3 years and achieved the scores below? If so, please attach scores.

Admission Test	Math	Reading	Language
TABE	12.0	12.0	12.0
TABE 11/12	730	710	717
ACT	18	20	17
ASSET	42	44	42
COMPASS			
Pre-Algebra	55	85	70
Algebra	33		
Accuplacer – NG	QAS	Read. Comp	Writing
	243	250	241

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- _____

5. In the past 3 years, have you obtained a grade of 80% “B” or better in the following courses or their equivalent? (*This is not required for admission*)

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If yes, when was the last date of enrollment? _____
Semester / Year

7. Do you hold any degrees? *Yes* *No*
_____ _____
List: _____

8. Do you currently hold a health care license/certification? _____ _____
If so, list: _____

9. Have you ever had a license/certification that was revoked,
suspended or restricted? _____ _____

10. Have you completed the attached essay? _____ _____
*****Your application will not be accepted without the essay*****

11. Have you ever been arrested, convicted, pled guilty, or charged with a crime, including all
misdemeanors and felonies in any state or jurisdiction?
If yes, explain: _____

*****ATTENTION STUDENT***** Your application will *not* be considered unless the School of
Nursing has received all official transcripts.

Student Signature

Date Submitted

Nursing Representative Signature

Date Received

Name_____

Essay

Answer the following question thoughtfully.

Please limit your response to 1-2 pages (typed, double-spaced).

Why have you chosen practical nursing (PN) as your career path?

