

**OSU INSTITUTE OF TECHNOLOGY  
NURSING PROGRAM  
1801 East 4<sup>th</sup>, Okmulgee OK 74447  
918-293-5337**

***Application for Admission to the Nursing Program***  
**Deadline: April 23, 2009**

Contact Information: \_\_\_\_\_

Last Name	First Name	
Street	City	State/Zip
County	Phone #	email address

***Colleges*** Attended: List all colleges attended, beginning with the most recent:

Name of Institution:	City/State:
From/To:	Degree Received:
Name of Institution:	City/State:
Date From/To:	Degree Received:
Name of Institution:	City/State:
Date From/To:	Degree Received:
*LPNs ONLY      License number:	
Expiration Date:	

*The Oklahoma Board of Nursing has the power to deny a license to practice registered nursing to a person: (1) who is guilty of a felony, (2) has been judicially determined to be mentally incompetent, (3) is habitually intemperate or addicted to the use of habit-forming drugs.*

The following items must be in your file to be considered for the nursing program:

- 1. Nursing application**
- 2. Official transcripts must be submitted to Admissions & copies attached to this application.**

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that if accepted, falsified statements or withheld pertinent data on this application shall be considered sufficient cause for dismissal. Only complete applications will be considered and all requirements must be met by the published deadline to warrant an interview. Incomplete applications will not be considered.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_