



Casper College
H. E. Stuckenhoff Department of Nursing
Application for Admission

Please include all application requirements with this form:
Unofficial transcripts, TEAS test results.

PLEASE TYPE OR PRINT LEGIBLY

Name:

Last

First

Middle

Name:

(Different from above that may appear on your records)

(Mailing Address) Street

_____ City

_____ State

_____ Zip

(Permanent Address) Street

_____ City

_____ State

_____ Zip

E-mail Address

Home Phone

Work Phone

Cell Phone

High School:

City

State

Year Graduated:

College/s **(including Casper College)** and or other post high school education attended:

Previous degrees or certificates awarded:

Are you currently enrolled in any of the following pre-requisite courses?

_____ Human Anatomy (Zoo 2040 & Zoo 2041)

_____ Math 1400

_____ ENG 1010

_____ OnCourse (HMDV 1300)

_____ Nursing Boot Camp (HLTK 1300)

Have you attended the Casper College Nursing Program previously? Yes

No

If yes,
when?

Mail or deliver this application to:

Academic Assistant
Saunders Health Science Center, Room 202
Casper College
125 College Dr.
Casper, WY 82601

My signature below confirms my intent to be considered as a qualified applicant and understanding the admission criteria provided within this guidebook. **If admitted, I will attend the orientation scheduled prior to registration.**

Date

Signature