Application Form

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: _____ Year Graduated: _____
         City   State

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 or 2015)   _____ 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 or scanned to: nina.stairs@caspercollege.edu or
                    guadalupe.kerr@caspercollege.edu
                    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

7/22 MC