

College of Health Sciences and Human Performance Bachelor Degree Application

	Applicant Information						
	Full Legal Name						
	Student Identification #(A number) or Social Security Number						
	Date of Birth	ate of Birth					
	Home Mailing Address	6					
	City , State, and Zip C	ode					
	High School Name /G	ED			Year of Graduation		
	Phone						
	E-Mail Address						
	Please note t	hat an email add	lress is REQUIRED . All appli	cants are	notified of their status	via email.	
[]	-	Seniors in an acc	ntended for applicants that alr credited ASN Program may als October start dates)	so apply			
[]	Health Care Service	s Administratio	on. Admission into this baccal student to possess an AS institution. Acceptance into the HCSA Degree Departs	or ASCT o this pro	degree from an accred gram will be granted th	lited rough the approval of	
		[] Fall (August))	[] Spr	ing (January)		
l ist	t AS Degree major		College/Unive	reitv			
	nool for dual credit.		r than VU? Please note this i ase list all colleges/universit				
	·		or misdemeanor?				
ple	ase refer to our websit	e www.vinu.edu/h	healthcareers for information	on our cri	minal history policy/pro	cedure.	
			s pending or are you involved	l in a pre-	trail diversion?	☐ Yes,	
Do	you currently hold or h	ave you ever hel	ld licensure for any health car	e related	field?		
if yo diso ∐l	es, please list: License ciplinary action taken a No	e type and # gainst this licens blain on the other	se or have you ever been der r side of this application.	_ State_ nied licens	Has the sure/permit for any hea	ere been any alth care profession?	
			rm that the information on this ap e of Health Science and Human F				
 Sig	gnature					Date	