

## University of South Alabama College of Nursing

## **Freshman Early Admission Application**

Female Male		J00
Name	Middle	Last
Date of Birth//		
Address	Telephone (	)
City	State	Zip
E-mail	Student's Cell Phon	ne ()
<ol> <li>be received by the Associate Dean for A by August 1<sup>st</sup> of your freshman year. The</li> <li>Completed application for Fr</li> <li>Completed freshman year of</li> <li>Completed the following coulons with Lab;</li> <li>Maintain a 3.2 GPA throughout the semester this</li> <li>All grades must be a C or high</li> </ol>	e admission criteria and requession; foollege; arses at USA: BLY 101 with Lout the pre-nursing prerequis application is submitted;	airements include:
I am submitting this application for the Cunderstand that a certain number of canadmission.	•	•
Signature	Date	
Return by August 1 to:		

University of South Alabama
College of Nursing
5721 USA Drive North, Room 3068
Mobile, AL 36688-0002

Phone: 251-445-9400 Fax: 251-445-9416