



Schreiner University

Office of Admission and Financial Aid

2100 Memorial Boulevard

Kerrville, TX 78028

TEL: (830) 792-7217

TOLL-FREE: (800) 343-4919

FAX: (830) 792-7226

Webpage: www.schreiner.edu

e-mail: admissions@schreiner.edu

Application for Admission

VN to RN Upward Mobility Program

Application Fee: \$25 (Entire application must be completed for admission consideration)

Personal Information Male Female

Name: _____
Last First Middle

Preferred Name/Nickname: _____ Maiden Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____ Length of residence at above address: _____

Permanent Address (if different from above) _____

Phone Number: _____ Mobile Phone: _____

E-Mail Address (primary) _____ (secondary) _____

Social Security Number: _____ Date of Birth: _____

Are you a US citizen? Yes No If no, are you a permanent resident alien? Yes (if yes provide our office file with a copy of your VISA, front and back), or No (If you are not a permanent resident alien, what type of Visa do you have?

Student Visa or other VISA (please list: _____) Toefl: Score: _____ Date taken: _____

Military Status: None Active Duty Retired Veteran

If employed: Name of employer: _____ Full-time Part-time

Address: _____

Phone Number: _____

Family Information

List parent(s) or spouse with whom you currently live or whose home is your permanent residence (if applicable)

Mother Step-mother Father Step-father Guardian Spouse Other

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Occupation: _____ Occupation: _____

Name of Employer: _____ Name of Employer: _____

Work Phone: _____ Work Phone: _____

Name and ages of your brothers or sisters: _____

Have you had any relatives attend Schreiner University? Yes No

If so, list names, dates of attendance and relationship to you. _____

Educational InformationName of High School: _____ Graduation Date: _____ Public Private

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: (____) _____

Dual Credit: Yes No College/University: _____ City/State: _____

If you did not graduate from high school, do you have the General Education Development (GED) Certificate?

GED No Yes If yes, date received: _____ Average standard score: _____Standardized Test Scores: SAT Total: _____ ACT Composite: _____ Were those scores sent to Schreiner Yes No

Transfer Student Information

List all colleges/universities in which you have enrolled, regardless of academic credit received, beginning with the most recent first. Have official transcripts from all schools listed below sent to Schreiner University, Office of Admission.

College/University _____ City/State _____ Dates enrolled _____

College/University _____ City/State _____ Dates enrolled _____

College/University _____ City/State _____ Dates enrolled _____

Enrollment InformationSemester in which you plan to enroll: Fall Spring Summer Year: _____Course Load: Full-time Part-timeClassification: First-time Freshman TransferHousing preference: On campus CommuterHave you previously attended Schreiner University? No Yes

If so, dates of attendance: _____

Do you have a Vocational Nursing (VN) license? No Yes If so, Date Received: _____

Personal Statement

At Schreiner, we are interested in your career goals and your desire to become a Registered Nurse. Please give us a brief summary.

In order for the application process to be complete, we must have the following:**A completed application, \$25.00 application fee (non refundable), official transcripts (high school and/or college), test scores (if applicable) and a copy of your VN license.**

Certification

I understand that failure to submit complete official transcripts from all high schools, colleges and universities attended may result in the denial of this application, or my subsequent dismissal from Schreiner University. If applicable, I hereby authorize my high school to send the information required for completion of this application to the Schreiner University Office of Admission. I certify that, to the best of my knowledge, all statements I have made in the application are complete and true.

Signature of Applicant_____
Date

Schreiner University subscribes to the principles and laws of the State of Texas and the federal government, including applicable executive orders pertaining to civil rights. All rights, privileges and activities of this institution are made available without regard to race, creed, color, sex or national origin.