

**SALISBURY UNIVERSITY SCHOOL OF NURSING
RN STUDENT APPLICATION FORM**

NAME: _____ **SSN XXX-XX-** _____ **DOB** ____ / ____ / ____

RN LICENSE # _____ **STATE** _____

LOCAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE** _____

HOME PHONE: _____ **WORK PHONE** _____

CELL PHONE _____ **EMAIL** _____

PERMANENT ADDRESS: _____

(If not the same as above)