



HOLY NAMES  
UNIVERSITY

*Since 1868*

**Holy Names University**  
**School of Science, Allied Health, & Nursing**  
**Generic Bachelor of Science in Nursing Application**

**Name:** \_\_\_\_\_  
Last First Middle

**Home Phone #** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_  
Number and Street City State Zip

**Mailing Address (if different)**

\_\_\_\_\_  
Number and Street City State Zip

**Email address:** \_\_\_\_\_ **HNU Student ID** \_\_\_\_\_

**Are you a current HNU student? Yes\_\_No\_\_ If not, have you applied to the University? Yes\_\_No\_\_**

**Gender:** \_\_\_Male\_\_\_Female **Birthdate:** \_\_\_\_\_

**Have you taken the TEAS test? Yes\_\_\_No\_\_\_ Score \_\_\_Date(s): \_\_\_\_\_**

If not, when do you plan to take the TEAS? \_\_\_\_\_

If yes, how many times have you taken the TEAS? \_\_\_\_\_

**In Case of an Emergency Who Should be notified?**

**Primary Contact**

**Name:** \_\_\_\_\_ **Contact Information:** \_\_\_\_\_

**Alternate Contact**

**Name:** \_\_\_\_\_ **Contact Information:** \_\_\_\_\_

**R.N. License Requirements:**

Graduates are eligible to take the National Council Licensure Examination, NCLEX/RN, for licensure as a registered professional nurse. Your responses to the following questions are necessary to meet regulations for public safety and to be in compliance with California Board of Registered Nursing Licensure requirements. Failure to disclose all information to the questions may be grounds for disciplinary action for providing falsified information.

<b>Please provide an explanation for every YES answers</b>	<b>NO</b>	<b>YES</b>
Have you ever been arrested convicted for a felony or misdemeanor?  <b>Comments:</b>		
In the last five years, have you ever misused or abused alcohol, drugs, or chemicals? Have you ever been chemically dependent?  <b>Comments:</b>		
Have you had a traffic violation fine over \$1,000?  <b>Comments:</b>		

**Point of Contact:**

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