



**Hope College Nursing Department  
Student Admission Application Form**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student ID # \_\_\_\_\_ Advisor \_\_\_\_\_ Status: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Planning to Start Nursing Program: Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Year \_\_\_\_\_

Is this your first time applying to the Hope College Nursing Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when did you apply for the program previously? Semester \_\_\_\_\_ Year \_\_\_\_\_

Do you plan to study abroad: Yes \_\_\_ or No \_\_\_ If yes when? \_\_\_\_\_

Campus Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of cottage/ dorm and room number \_\_\_\_\_

Telephone: \_\_\_\_\_ Campus e-mail address \_\_\_\_\_

Citizenship: US Citizen Non-US resident

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Permanent Address \_\_\_\_\_

(Address/ Street)

(City)

(State)

(Zip Code)

Name of the High School you attended: \_\_\_\_\_

Please list any awards, honors, or accolades that you have received within the last three years:

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Recent volunteer experiences within the last three years:

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Are you a veteran or have veteran status? Y \_\_\_\_\_ N \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Past or current leadership roles: \_\_\_\_\_

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Extracurricular Activities \_\_\_\_\_

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Certifications: \_\_\_\_\_

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Recent Work Experience within the last two years:

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Are you a transfer student to Hope College? Y \_\_\_\_\_ N \_\_\_\_\_

If Yes, please list all colleges you have previously attended, including dual enrollment, with dates and whether a degree or diploma was issued: (Arrange to have official transcripts of all college credits sent directly to the Hope College Nursing Department)

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Indicate two people from whom you have requested letters of reference below:

(See admission information for the Reference Form they are to complete)

Name	Title	Address
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I give the nursing department permission to review my Hope College transcript.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

Please have your references send their form directly to:

Hope College Nursing Department  
Attention: Nursing Department Chairperson  
35 E. 12 St.  
Holland, MI 49423

or

via email:  
nursing@hope.edu