

## **Application for Nursing Pathways Program**

Please complete this form if you wish to apply for admission to the Nursing Pathways Program, allowing you to begin coursework towards a Bachelor of Science in Nursing (BSN) at Loyola's Neihoff School of Nursing in your second year at Arrupe College.

Full Name:		LID: 0000			
LUC Email:		Today's Date:			
Are you curren	itly in your first semester as an Arrupe	e student?	Yes	No	
Have you atten	nded an info session about the Nursin	g Pathways Pro	gram? Yes	No	
Have you disc	ussed your plans with your advisor?	Yes	No		
-	stand that admission to the program verage (GPA) of 3.0 at the conclusion	-	-	minimum No	
•	tand that this is designed to be a five- ur associate degree at Arrupe and the la? Yes No			-	
-	stand that you should register for A re not already completed this) in the		•	or ACMAT No	
Please note you v	will receive notification about the status of	this application b	y the first week of .	lanuary	
For Office Use	Only:				
CGPA:	Credit Hours to Date:	To	oday's Date:		