Master of Science in Nursing Entry
Application Signature Page

NOTICE: All materials submitted by applicants become the property of WesternU/CGN. The information gathered is used solely for assessing applicant qualifications and is neither shared nor transmitted outside the offices of WesternU/College of Graduate Nursing Admissions Office.

CERTIFICATION

I understand it is my responsibility to make sure that my application is complete.

I certify that all responses to the questions and any information given herein are my own and true. For the purpose of determining admission, I hereby consent to and authorize any educational institution I have attended to release any academic and/or disciplinary information to Western University of Health Sciences. I understand that if any of the information provided in this application is misleading or untrue, whether resulting from an affirmative misstatement or from the omission of material information, my application may be rejected immediately, or any offer of provisional admission to me may be withdrawn.

I hereby waive my right of access to any and all confidential recommendations with respect to my (I) admission to any educational agency or institution, (II) application for employment and (III) receipt of an honor or honorary recognition, which are part of my education records at the Western University of Health Sciences.

I understand that if Western University of Health Sciences receives information from any source prior to enrollment that does not meet University standards of academic and professional conduct, my application may be rejected immediately, or any offer of provisional admission to me may be withdrawn.

I understand that, upon request, I will be notified of the names of all persons making confidential recommendations, and that such recommendations will be used solely for the purpose for which they were specifically intended.

Print full name: ___________________________ NursingCAS ID#: __________________

Signature: ___________________________ Date: ______________________

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