



Personal Information

First & Last Name:

Address:

Email:

Phone:

Nursing School/Education

School of Nursing:

Program Start Date

Program End Date

Current Credentials:

Current GPA:

Class Level:
(check one)

MSN

DNP

PhD

Completed at least
1 semester in program:
(check one)

Yes

No

U.S. Citizen:
(check one)

Yes

No



Nursing Career

Please use the text box below to briefly describe your short-term and long-term goals related to your career in nursing.



Application Agreement

With my signature below,

- I certify that the information provided above and in my written submission is complete and accurate.
- I certify that my submitted written content is an original work, non-plagiarized in any amount, is free from copyright, and has not been written with the help of Artificial Intelligence (AI).
- I understand that CEUFast, Inc. has the right to verify all information provided and incorrect information may result in disqualification.

Student's Signature/Acknowledgement

Date