



BSN ENTRY LEVEL NURSING PROGRAM INTENT TO ENROLL FORM

Return this form and submit with your fees
by July 1 for the Fall term or December 1 for the Winter term.

Date _____	Campus () Fort Lauderdale () Miami () Fort Myers
Name _____ (please print)	NSU ID# _____
Address: _____	City: _____
State: _____	ZIP Code: _____
Phone: (____) _____	
Alternate (cell) Phone: (____) _____	Email: _____

Please check ONE option and fill out the respective fields:

_____ I accept admission for the Fall semester.	_____ I accept admission for the Winter semester.
My signature indicates that I am accepting my offer of admission and I have read over the dress code and attendance policies and I agree to adhere to them.	

Student's Signature	

-OR-

_____ I decline admission.	_____ I would like to defer my admission until _____.

Student's Signature	

Return this form and fees to:
Nova Southeastern University
Office of Undergraduate Admissions
3301 College Avenue
Fort Lauderdale, FL 33314

Fax: (954) 262-3811
Voice: (954) 262-8000

For office use only:

Date Received _____

Staff _____