



Associate of Science in Nursing

Online LPN to ASN
Acceptance Form
SPRING 2024

_____ I Accept Admission

WKU Student ID _____

_____ I Do Not Accept Admission (if I wish to be considered in the future, I understand I must reapply)

SIGNATURE

DATE

PRINTED NAME

Please list your WKU email address below* It is important we have an email address on record. Our next correspondence will be sent via WKU email. Please check your WKU email regularly for more information regarding admission.

If you do not have a WKU email address yet, you can simply list your *personal email* address for now, then notify us once you receive a WKU email account.

Email Address _____

Print Clearly

Cell Phone # _____

IF THIS FORM AND THE CONSENT FOR RELEASE OF MEDICAL INFO FORM ARE NOT SIGNED, NOTARIZED (medical release only), AND RETURNED by Monday, Sept 25th, 2023, THEN YOUR APPLICATION WILL BE FILED AS INACTIVE AND YOU WILL LOSE YOUR POSITION. IF YOU HAVE ANY QUESTIONS PLEASE CALL 270-780-2506.

Return this form **via email** to asnursing@wku.edu or via fax to 270-780-9419.

DO NOT MAIL THIS FORM BACK! Please fax or email only!