

Request for Participation
in the Guaranteed Admission Program
for the Mercer University Georgia Baptist College of Nursing

First Name:

Last Name:

Mercer ID Number:

Contact Information

Permanent Home Address:

Permanent Phone Number:

Local Address:

Local Phone Number:

E-mail Address*:

*Please note that your Mercer e-mail address will be used for all official announcements.

Nursing or Health Care-Related Experiences:

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Briefly describe why you are interested in a nursing career:

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Signature: _____ Date: _____