



Recruitment/Retention of American Indians into Nursing (RAIN) Prospective Student Information

Phone Call E-mail Message UND Campus Visit Recruitment Visit

Date: _____ Where?: _____

What can I help you with today?

How did you learn about the RAIN Program? Family/Friend Counselor Website Newspaper Radio Other: _____

Personal Information

Full Name: _____
First Last M.I.

Tribal Affiliation: _____

Contact Information

Home Phone Number: () _____ Work Phone Number: () _____

Cell Phone Number: () _____ Personal E-mail Address: _____

Mailing Address: _____
Address Apartment/Unit #
City State ZIP Code

1. Nursing Background

Do you have background in nursing? YES NO If 'Yes', do you have a nursing licensure or degree? What type?
QSP CNA 1 yr LPN AD/LPN Diploma RN AD/RN BSN/RN MS/RN List MS specialty: _____

2. Nursing Plan

Are you interested in an undergraduate (Bachelors) nursing program? YES NO If 'yes', which program(s)?
 General BSN LPN to BSN Option RN to BSN Option* Accelerated BSN

Or, are you interested in a graduate (Masters/PhD) nursing program? YES NO If 'yes', which program(s)?
Nursing Education* Family Nurse Practitioner* Psych/Mental Health Nursing* Public/Community Health Nursing* Gerontology Nursing* Nurse Anesthesia PhD in Nursing*

3. Academic Plan

When would you plan to start taking classes at UND? Fall Spring Summer Year: _____

Would you be a new student or a transfer student? New Student Transfer N/A

Would you intend to be: Full-time(12 or more credits) Part-time(fewer than 12 credits)

Would you be interested in taking courses on-campus, online, or both? On Campus Online* BOTH

Please note that only the programs identified with a () are offered online.*

4. Academic Background

In order to provide you with the most accurate information, I would like to know a little more about your academic background:

Have you completed high school or your GED? H.S. GED When? _____ Currently Enrolled

Last high school attended: _____
Name of High School City State

Have you attended or are you currently enrolled in any other colleges or universities? YES NO

Name: _____ Location: _____

Name: _____ Location: _____

It would be helpful if you faxed or sent copies of your transcripts for an advisor to evaluate:

RAIN Program, Nursing Building Room 314, 430 Oxford Street Stop 9025, Grand Forks ND 58202-9025 Fax: (701) 777-4558

RAIN Prospective Student Information Form

Is there anything else I can help you with today?

Other Comments:

RAIN OFFICE USE ONLY					
Referrals					
<input type="checkbox"/>	Kara Anderson	Prospective Student Academic Advisor	777-3049		kara.anderson@und.edu
<input type="checkbox"/>	RAIN Program Website	www.nursing.und.edu/RAIN	777-3224		RAIN@email.und.edu
<input type="checkbox"/>	American Indian Student Services (AISS)		777-4291		aiss@und.edu
<input type="checkbox"/>	Registrars Office		777-2711		registrar@mail.und.edu
<input type="checkbox"/>	Financial Aid Office		777-3121		sfa@mail.und.edu
<input type="checkbox"/>	UND Housing Office		777-4251		housing@mail.und.edu
<input type="checkbox"/>	Other:				
Information Needed					
	RAIN		Undergraduate Students		Graduate Students
<input type="checkbox"/>	RAIN Brochure	<input type="checkbox"/>	Pre-Nursing/Nursing Curriculum Sheet	<input type="checkbox"/>	Nursing Education Brochure
<input type="checkbox"/>	RAIN Enrollment Form	<input type="checkbox"/>	RN-BSN/RN-MS Brochure	<input type="checkbox"/>	Family Nurse Practitioner Brochure
<input type="checkbox"/>	RAIN Newsletter	<input type="checkbox"/>	Accelerated BSN Curriculum Sheet	<input type="checkbox"/>	Psych/Mental Health Brochure
<input type="checkbox"/>	RAIN Orientation Info.	<input type="checkbox"/>	Application: _____	<input type="checkbox"/>	Public/Community Health Brochure
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Gerontology Nursing Brochure
				<input type="checkbox"/>	Nurse Anesthesia Brochure
				<input type="checkbox"/>	PhD in Nursing Brochure

<i>RAIN Office Use Only:</i>			
Date contact received:		Received by:	
Date mailed information:		Mailed by:	
Date entered in RAIN database:		Entered by:	
Routed to RAIN Advisor:			
Date reviewed by Advisor:		Reviewed by:	
Send orientation invitation?	Yes/No	Date Sent:	