

RAIN Program Enrollment Form

Personal Information

Full Name: _____
Last First M.I.

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

Home Phone:(____)_____ Cell Phone:(____)_____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____ Number and ages of children, if any: _____

Trbal Affiliation: _____

Emergency contact: Name _____ Contact # _____

Nursing Status

Have you completed a CNA course: Yes _____ When/Where _____ No _____

Are you currently licensed as a nurse: Yes _____ No _____

If yes check one: _____ B.S.N _____ AD/RN _____ Diploma RN _____ AD/LPN _____ 1 yr LPN

Please submit copy of license/certification

UND

Date of acceptance to UND: _____ Fall _____ Spring _____ Summer

Please attach copy of UND acceptance letter

Date of acceptance to CON: _____ Fall _____ Spring _____ Summer

Please attach copy of CON acceptance verification

I am applying to enter the following program:

Undergraduate _____ Current _____ New _____ Transfer

_____ Pre-Nursing _____ Freshman _____ Sophomore _____ Junior _____ Senior

_____ Nursing _____ Basic _____ LPN/BSN Option _____ RN/BSN Option

Graduate

_____ Adult Health _____ Anesthesia _____ Nurse Practitioner _____ Parent-Child

_____ Rural Health _____ Health Administrator

Educational Background

Last High School Attended _____

Graduation Date _____ GED Completion Date _____ City _____ State _____

List all Community/Technical/University/Colleges attended:

Name	Address	Date attended	Degree

OFFICIAL TRANSCRIPTS from **ALL** Colleges attended must be submitted to the UND Office of Admissions and a second set of **OFFICIAL TRANSCRIPTS** submitted to the RAIN Program.

Has it ever been suggested that you may have a learning disability? Yes _____ No _____

Have you been tested for any learning disabilities? Yes _____ No _____

Have you been diagnosed with a learning disability? Yes _____ No _____

Please provide professional documentation to be submitted to Disability Support Services and RAIN office

How did you learn of the RAIN Program?

____ Newspaper ____ Friend ____ Counselor/Advisor ____ Radio ____ Other _____

Please discuss your academic plan and goals below:

NEWS RELEASE

Please send a news release to my home community newspaper _____ initial and fill out information below

Please **DO NOT** send a news release to my home community newspaper _____ initial

The Recruitment/Retention of American Indians into Nursing (RAIN) Program at the University of North Dakota College of Nursing is proud to announce the matriculation of (student) _____ into the UND College of Nursing for (semester) _____ to pursue his/her bachelor's/master's degree in nursing. (Student) _____ is the daughter/son of (parent's name) _____ from (town) _____

Name of Newspaper: _____

Address: _____

City: _____ State: _____ Zip: _____

Student Signature: _____

RAIN PROGRAM STUDENT AGREEMENT

In accepting RAIN Program support services, I agree to the following monitoring procedures of the RAIN Program throughout my academic program.

- 1) **Intensive Monitoring:** I agree to allow the RAIN Program staff to seek release of information to and from University offices, College of Nursing faculty, community agencies, and tribal offices to the RAIN Program for monitoring of satisfactory progress and financial stability.
- 2) **Moral Agreement:** I agree to mandatory lecture, laboratory, and clinical attendance to show commitment towards admittance to a nursing program or completion of a nursing program and to ensure satisfactory progress of pre-nursing or nursing curriculum.

Student Signature _____ Date _____