

Caring for Our Own Program (CO-OP) Application

Full Nama			•
Full Name Last		First	M.I.
Local Address:	Perr	nanent:	
Home Phone:()		E-mail:	
SSN or MSU Student ID:	Birth Date:		_Tribe:
Marital Status:	Spouse's Name:		
Number and ages of children,	if any:		
Have you completed a CNA	course:If so, when/v	vhere?	
Are you currently licensed as a	a nurse:Yes No		
Please check one: B.S	S.N AD/RN Di	ploma RN	AD/LPN 1yr LPN
Date of acceptance to MSU: _	FallSpring	Summer	Academic Year
Have you been admitted to MSU	U's College of Nursing Upper	Division?Ye	sNo
If yes, which semester/yr	Campus		
I am applying to enter the f	ollowing program:		
Undergraduate1	NewTransfer-from whe	ere?	
FreshmanS	SophomoreJunior	_ Senior	
I	Doctor of Nursing Practice Fa Doctor of Nursing Practice Ps Masters of Nursing Clinical N	ychiatric Mental I	
Last High School Attended			
Graduation Date (GED Completion Date	City	State
List all Community/Technical	• •	: Date	Degree

OFFICIAL TRANSCRIPTS from ALL Colleges attended must be submitted to the MSU Office of Admissions and a second set of

OFFICIAL TRANSCRIPTS and CERTIFICATE OF INDIAN BLOOD (CIB) (if available) submitted to CO-OP Program.

Have you been tested for any learning disabilities? Yes	No	Diagnosis:	
List needed accommodations, if any :			

STUDENT AGREEMENT

In accepting CO-OP support services, I agree to the following monitoring procedures of the CO-OP throughout my academic program.

- 1) <u>Intensive Advising:</u> I agree to allow CO-OP staff release of information to and from University offices, College of Nursing faculty, community agencies, and tribal offices to CO-OP for monitoring of satisfactory progress and financial stability
- 2) <u>Moral Agreement:</u> 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.
- 3) <u>Photo, Video, Voice Permission:</u> I agree to allow CO-OP to take and use my photo, video or voice for educational, media, and publication purposes.

Signature	Date
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Essay: Please attach a one-page essay stating why you want to be a part of the Caring for Our Own Program and how you plan to serve the Native American/Alaska Native community with your nursing degree.

Recommendations: Please provide contact information of the two individuals whom you have requested to submit a recommendation form on your behalf. They should be able to attest to your academic background or potential and can address your interest in becoming a nurse and serving the Native American/Alaska Native community.

Name of Individual	Address	Phone#	Position

How did you hear about CO-C	P :F	riend/Relative		_Teacher/Counselor
Rockin-the-Rez	_Conference	Email	Mail	Internet/Website
Facebook Other				
For more information contact:				
MSU CO-OP				
College of Nursing				
		PO Box 173		
		Bozeman, MT		
		(406) 994-7	684	

www.montana.edu/nanurse