



Erudite Nursing Institute®

Office of Admissions and Student Services

Medical Career Colleges

Telephone: 1-800-595-6276

Email: admissions@EruditeNursing.education

There is a \$65 non-refundable application fee. Payment is due immediately. Applications submitted without payment will not be processed. Deadlines for all programs are FIRM. Online/in-person application and ALL supporting materials should be received on or before the appropriate deadline noted.

PERSONAL INFORMATION

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

BIRTH DATE (MM/DD/YYYY): _____

LAST 4 DIGITS SSN OR TAX ID #: _____

CONTACT INFORMATION

PHONE #: _____

E-MAIL: _____

ADDRESS: _____

Street Address Line 1

Street Address Line 2

_____ / _____
City

State

_____ Zip

PROGRAM INFORMATION

PROGRAM OF INTEREST: _____

LENGTH (STANDARD/BRIDGE): _____

SEMESTER (FALL/SPRING): _____

QUALIFICATION INFORMATION

LIST ALL MEDICAL TRAINING, SCHOOLING, CERTIFICATES, CERTIFICATIONS, JOB TITLES, OR DIPLOMAS. (Please be honest. Verification documents will be required.)

1. _____

2. _____

3. _____

4. _____

5. _____

DEMOGRAPHIC INFORMATION

GENDER (MALE/FEMALE): _____

ARE YOU HISPANIC OR LATINO? (YES/NO): _____

ARE YOU A CITIZEN OF ONE OF THE UNITED STATES? (YES/NO): _____

RACE? WHITE/BLACK/ASIAN/AMER INDIAN/PACIF ISLANDER/OTHER:

PAYMENT INFORMATION

THERE IS A NON-REFUNDABLE \$65 APPLICATION FEE DUE AT THE TIME APPLICATION FOR ADMISSION IS SUBMITTED. ENTER YOUR CREDIT CARD INFORMATION BELOW TO AUTHORIZE PAYMENT OF THE NON-REFUNDABLE APPLICATION FEE.

NAME ON CARD: _____ EXPIRATION: _____

CARD #: _____ SECURITY CODE: _____

CARD MAILING ADDRESS: _____

CARDHOLDER SIGNATURE:

APPLICANT

I certify that the information on this application is correct. False information or omission of data may result in denial of admission or dismissal. Sign below to confirm that you have read and fully understand the terms and conditions set forth. Applications for admissions are accepted on a continuous basis and should be received by the admissions office prior to the start of classes, in accordance with the specified registration deadlines. If you are a transfer student, and you wish to transfer in college credits earned from other institutions you must submit official college transcripts directly to the Office of the Registrar. You will be notified of acceptance to the College through written correspondence. An official acceptance will be conditional upon successful submission of the above-required documents and the applicable application fee.

SIGNATURE _____ **DATE:** _____

PRINTED NAME _____

DISCLOSURE: Medical Career Colleges® is owned and operated by Medical Career Specialists®.

(Cover Page)

*****Place this page at the front of your application before submitting.*****

APPLICATION FOR ADMISSION

Name of Applicant: _____

Date of Submission: _____

Submit completed application and fee to:

Erudite Nursing Institute®
Office of Admissions and Student Services
Medical Career Specialists
3330 Cumberland Blvd. Ste. 500
Atlanta, GA 30339

