

DISTANCE LEARNING USA

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STUDENT APPLICATION

First Name	Middle	Last
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Mailing Address	Apt. #
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City	State	Zip
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Home Phone (required)	Work Phone	Social Security Number
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Current Employer	Supervisor
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Nursing License Number	State Issued
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Drivers License Number	State Issued
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Your Email Address

1. How long have you wanted to receive your degree? _____
2. Why have you waited to get your degree? _____
3. Do you consider yourself a disciplined person who can follow directions? Yes No
4. Do you feel you can study independently of a classroom environment? Yes No
5. Do you usually finish what you start? Yes No
6. Are you easily distracted? Yes No
7. On a scale of 1 to 10 how important is it for you to receive your degree? _____
(1 being not important and 10 very important)
8. Comments: _____

Your Signature

Date

Your signature certifies that you are 18 years of age or older, that the above information is true and correct to the best of your knowledge, and that you are giving Distance Learning USA permission to verify your information, including credit references, and obtain credit report.

Mail this application to Distance Learning USA.