



## *Admissions Test Application*

Name:		Phone (H):	
Address:		Phone (W):	
City:	State:	Zip:	
Date of Application:	Date of Test:	e-mail:	
Location:		Month/Year:	

Your registration form and money must be postmarked by the deadline or be delivered to the Department of Nursing office by 5:00 p.m. the day of the application deadline.

Registration applications are taken on a "first come, first served" basis, so promptness in applying is advantageous to you.

Money cannot be refunded if you cancel after the registration deadline. You may reschedule your test date one time only. All questions on this application must be answered.

Send this completed application and a check for \$40.00 made payable to the **Brenau Department of Nursing** to the following address:

**Brenau University**  
 Department of Nursing  
 500 Washington Street SE  
 Gainesville, GA 30501  
 770.534.6206