

EAST TENNESSE STATE UNIVERSITY
College of Nursing
Honors-in-Discipline Application

Complete the application and 1) print the application and deliver to Dr. Kim Sell, 2-211 Nicks Hall OR 2) e-mail the application by attaching and sending to sell@etsu.edu.

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle/Maiden)

Student E Number _____ Campus E-mail _____

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone Number _____

UNIVERSITY INFORMATION

Discuss your career objective and how being a Honors in Discipline Nursing student will assist you.
(Attach a short essay)

Overall Grade Point Average _____ Nursing Grade Point Average _____
(To be completed by HID Coordinator)

HONORS, ACTIVITIES, WORK EXPERIENCE

Scholastic Honors _____

Extra-Curricular Activities (including offices held) _____

Volunteer Activities _____

Work Experience _____

REFERENCE FORM

Please ask a College of Nursing faculty member to complete a reference form for you. After the individual agrees to complete the form, provide the name of the faculty member below and the HID Coordinator will send him/her the HID reference form.

Name _____

OPTIONAL INFORMATION

(For statistical purposes only)

Date of Birth _____
(Month) (Date) (Year)

Ethnic Origin ___Asian American ___American Indian ___ African American ___Hispanic
___ Caucasian ___ Multiracial ___ Born outside the U.S. (Country _____)