



# MEMORANDUM - STUDENT STATUS

NORTH DAKOTA BOARD OF NURSING

SFN 14690 (3/16)

Student Name

To: Administrator - Nursing Program

The student named above has submitted an application or reapplication to the Board of Nursing for an education loan. Before the application can be considered by the Board, it is necessary that we know the individual's status in the nursing education program. Please complete the following information and return it to our office by **July 1**.

Nursing Program Name			
Nursing Program Address	City	State	Zip Code
The student has been accepted and is enrolled in the nursing program for the following (choose one):			
<input type="checkbox"/> At least 6 credit hours per semester or 12 credits per calendar year – under graduate (baccalaureate applicant must be at least a junior the next academic year)			
<input type="checkbox"/> At least 3 credit hours per semester or 6 credits per calendar year – graduate			
<input type="checkbox"/> Other _____			
Type of Program			
<input type="checkbox"/> Certificate LPN <input type="checkbox"/> Associate RN <input type="checkbox"/> Masters Degree <input type="checkbox"/> Refresher Course			
<input type="checkbox"/> Associate LPN <input type="checkbox"/> Baccalaureate RN <input type="checkbox"/> Doctorate Degree			
Date of Enrollment	Date Student is Expected to Complete Nursing Program		
Comments			
Signature of Nursing Program Administrator or Designee			Date

Complete and return to:

North Dakota Board of Nursing  
919 S 7th St., Suite 504  
Bismarck, ND 58504-5881  
Telephone Number (701) 328-9777  
Fax Number (701) 328-9785  
Website [www.ndbon.org](http://www.ndbon.org)