



MEMORANDUM – STUDENT STATUS

NORTH DAKOTA BOARD OF NURSING

SFN 14690 (7/25)

Student Name

To: Administrator - Nursing Program

The student named above has submitted an application to the Board of Nursing for an education scholarship. 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 October 31.

Nursing Program Name											
Nursing Program Address	City	State	Zip Code								
<p>The student has been accepted and is enrolled in the nursing program for the following (choose one):</p> <p><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)</p> <p><input type="checkbox"/> At least 3 credit hours per semester or 6 credits per calendar year – graduate</p> <p><input type="checkbox"/> Other _____</p>											
<p>Type of Program</p> <table border="0"><tr><td><input type="checkbox"/> Certificate LPN</td><td><input type="checkbox"/> Associate RN</td><td><input type="checkbox"/> Masters Degree</td><td><input type="checkbox"/> Refresher Course</td></tr><tr><td><input type="checkbox"/> Associate LPN</td><td><input type="checkbox"/> Baccalaureate RN</td><td><input type="checkbox"/> Doctorate Degree</td><td></td></tr></table>				<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	
<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) 751-3000
Fax Number: (701) 751-2221
Email: education@ndbon.org
Website: www.ndbon.org