

ANGELO STATE UNIVERSITY
Department of Nursing
STUDENT DATA SHEET

Mr.
Miss
Mrs.
Ms.

NAME: _____ Date: _____

LOCAL ADDRESS: street: _____

city/zip: _____

LOCAL PHONE: _____

E-MAIL ADDRESS*: _____@angelo.edu

*must be ASU e-mail address

PLACE OF EMPLOYMENT: _____

APPROX. # OF WORK HOURS PER WEEK: _____

BUSINESS PHONE: _____

HOW MANY HOURS ARE YOU TAKING THIS SEMESTER? _____

CHECK ONE: I am in the first year of the AASN Nursing course sequence
 I am in the second year of the AASN Nursing course sequence
 I am a BSN student

PERMIT TO RELEASE INFORMATION

Many times prospective employers and/or various organizations request a list of names and addresses in order to contact students by mail regarding job opportunities or other opportunities. Please check below whether you would like to be included on such a list.

Yes, I would like to be on the mailing list.
No, I would not want to be on the mailing list.