

ANGELO STATE UNIVERSITY
Nursing Program
STUDENT DATA SHEET

Mr.
Miss
NAME: Mrs. _____ Date: _____
Ms.

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 an MSN student.
I am an RN-MSN student.
 I am a post master's certification 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.