

Intent Form

Date: _____

Student Name _____ Student ID #: _____

Address: _____

Phone numbers: (H) _____ (cell) _____ (W) _____

Email address: _____

Please **check** the following statements:

- I will be ready to be a candidate for acceptance to the AAS-RN program in Fairbanks for The Spring semester of 20____.
- I will obtain application forms at:
<http://nursing.uaa.alaska.edu/downloads/SON%20Application%2006.pdf>

I want to reserve one of the following **Nursing Information Session: AY 2009 - 2010**

- September 14, 2009, Monday
- October 26, 2009, Monday
- November 30, 2009 Monday
- January 11, 2010 Monday
- February 22, 2010 Monday
- March 29, 2010 Monday
- April 26, 2010 Monday

Start time is 600PM – 800PM, Room # 443, TVCC Building.

Additional Nursing Information Sessions:

- May 10, 2010 Monday
- May 17, 2010 Monday
- May 31, 2010 Monday

Start time is 200PM – 400PM, Room # 443, TVCC Building.

Please call **455-2893** and leave your name and phone number and session you wish to attend.

Also, please return this form to:

Shirley LaForge, RN, MSN
Associate Prof. in Nursing UAA/UAF/TVC
TVCC Bldg, 604 Barnette Street
Fairbanks, AK 99701