

Covenant School of Nursing
2002 W. Loop 289, Suite 120
Lubbock, TX 79407
806-797-0955 Tel
806-793-0720 Fax



ACCEPTANCE AGREEMENT
Covenant School of Nursing

Dear Applicant,

Please submit a \$100 non-refundable deposit, if you plan to enter Covenant School of Nursing in January of 2012. You must *return this form* as well as the Letter of Acknowledgement to the school by **4:00pm on Thursday 10/27/2011**, along with payment in the amount of \$100 (check, credit card, or money order) made payable to Covenant School of Nursing. This will reserve your position in the upcoming class as long as your file remains current. The deposit will later apply toward your final tuition payment. The \$100 is NON-refundable, but if you do not attend this semester this deposit can be used for the following semester deposit requirement. Please sign the line below to acknowledge the above statements.

Applicant Name (Printed)

Applicant Signature

Date

CRIMINAL BACKGROUND INVESTIGATION INFORMATION

Covenant School of Nursing conducts a criminal history search through Texas Department of Public Safety prior to acceptance. Please read the following thoroughly and sign the agreement below. Return this form to Covenant School of Nursing with your deposit.

NOTICE OF AND CONSENT TO BACKGROUND INVESTIGATION

NOTICE: Covenant Health System and/or its affiliates intends to conduct an investigation, and or obtain consumer reporting agency information concerning your character, general reputation (including criminal records), personal characteristics, and mode of living for the purpose of determining your eligibility for participation in its Internship Program at Covenant School of Nursing. By your signature below you are affirmatively authorizing Covenant Health System and/or its affiliates to request and use your report for admission purposes.

CONSENT: I hereby authorize Covenant Health System and/or affiliates to request and obtain a report on me as described above for purposes of evaluating my qualifications to participate in the registered nursing program. I understand that if a report from a consumer reporting agency is the basis for an adverse action, I can be furnished a copy of the report and such additional information as may be required by the law. This authorization shall remain valid until I furnish Covenant Health System a written notice of revocation.

Applicant Name (Printed)

Applicant Signature

Date