



COLLEGE OF NURSING
THE UNIVERSITY OF TOLEDO

College of Nursing Ambassador Application

Applicants must be enrolled in upper division Bachelor of Science in Nursing program or a graduate nursing program to apply.

Date: _____

Name: _____
Last First Middle

Rocket ID#: _____ Current Semester: _____

Cumulative GPA: _____ Expected Graduation Date: _____

Which Nursing Program are you Enrolled in? _____ BSN _____ MSN _____ DNP _____ CNL
(check program that applies)

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Local Phone: _____ Mobile Phone: _____

Rocket Email: _____

Personal Email: _____

Do you have experience in campus involvement? Yes _____ No _____

If yes, describe campus involvement?

Can you serve as an Ambassador for a minimum of two semesters? Yes _____ No _____

Why do you want to be a College of Nursing Ambassador?



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College of Nursing Ambassador Reference Form

Name of student: _____

Please describe why you feel the student is worthy of being an Ambassador?

Recommender Signature: _____

Email: _____ **Phone Number:** _____