NURSE EDUCATION ASSISTANCE LOAN PROGRAM
STUDENT INQUIRY FORM

PLEASE **COMPLETE** THIS FORM AND RETURN TO:
THE OHIO BOARD OF REGENTS
30 E. BROAD ST., 36TH FLOOR
COLUMBUS, OHIO 43215

Last 4 digits of SSN	
Full Name	
Street Address	
City, State, Zip Code	
Telephone Number	
Email Address	

1. Are you currently pursuing a nursing license/degree?	Yes	_____	No	_____
2. If so, what program are you currently pursuing? (please circle)	LPN	RN	POST GRAD	OTHER

3. Anticipated Graduation Date: (Month/Year)	

IF YOU HAVE GRADUATED PLEASE COMPLETE THE NURSE VERIFICATION FORM: