



**RN TO BSN APPLICATION  
Division of Health Sciences**

The purpose of this application is to provide necessary personal data to comply with State and Federal regulations, and academic data to support your educational achievements. Please type or print clearly and complete the entire form. Submit application and documentation to the **Margie Slaughter Health Sciences, Building 19, 111A**, prior to application deadline stated in the online information session.

Legal Name: \_\_\_\_\_  
 Last First Middle (complete) Jr., etc.

CF ID No.: \_\_\_\_\_

I am applying for:  Full-Time  Part-Time During Term:  January ( Spring) of year : \_\_\_\_\_  
 May (Summer) of year: \_\_\_\_\_  
 August (Fall) of year: \_\_\_\_\_

RN License No.: \_\_\_\_\_ (or) Date of Initial NCLEX-RN Scheduled: \_\_\_\_\_

Employed as RN:  No  Yes  Full-Time  Part-Time Place of RN Employment: \_\_\_\_\_

Physical Address \_\_\_\_\_  
 Street City State Zip Code

Mailing Address: \_\_\_\_\_  
 (If different from above) Street/P.O. Box City State Zip Code

Email: \_\_\_\_\_

Home Telephone:	Race (check one): <input type="checkbox"/> Black (not of Hispanic origin) <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Island <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (please specify): _____
Work Telephone:	
Cell:	
Date of Birth:	
Age:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
College where ADN earned:	Place of Birth (City/State or Country):
Date ADN awarded:	If not the U.S., are you a naturalized citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If naturalized, date (year/month/day):

**Signature:** By my signature below, I hereby certify that all of the information contained in this application is true and complete to the best of my knowledge. Falsification of any information on this application will result in withdrawal from the applicant pool or program.

Signature \_\_\_\_\_ Date \_\_\_\_\_