



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 online at <https://cffoundation.wufoo.com/forms/bsn-application> prior to application deadline stated in the online information session.

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

CF ID No.: _____

Intended Transfer Pathway: 3 Semester: _____ **Beginning Term:** January (Spring) of year: _____
 4 Semester: _____ May (Summer) of year: _____
 August (Fall) of year: _____

RN License No.: _____ **License Expiration Date:** _____

Employed as RN: Yes No **If yes, work:** Full-Time Part-Time

Place of RN Employment: _____

Physical Address: _____
(Your home) Street City State ZIP Code

Mailing Address: _____
(If different from above) Street/P.O. Box City State ZIP Code

Email: _____

Home Telephone: _____ **Work Telephone:** _____

Cell: _____

Date of Birth: _____

Age: _____

Gender: Male Female

Veteran: Yes No

Race (check one):

- Black (not of Hispanic origin)
- White (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other (please specify): _____

College where ADN earned: _____ **Date ADN awarded:** _____

Have you ever attended another BSN program? Yes No

If yes, you must attach a letter from the nursing program director stating you are in good standing and eligible to return/re-enter.

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 (MM/DD/YY)