



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.: _____

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

RN License No.: _____ License Expiration Date: _____

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 _____