



Application for Admission to the RN to BSN Program

Date: _____

UIN: _____

Name (Mr. Mrs. Miss Ms.) _____
Last First MI Maiden

Address: _____
No./Street/Appt. City State/Zip

_____ Phone Cell # Work #

Email Address: _____

PLEASE PRINT LEGIBLY

1. Have you completed an Associates of Applied Science in Nursing (AAS or ADN)?

Yes _____ Graduation Date _____ Institution _____

State of Licensure _____

2. Employed as a R.N.? ___ Yes ___ No

Facility: _____ Unit/Title: _____

3. I want to be admitted into nursing courses in which semester:

Fall 20___ Spring 20___

4. Please email an unofficial transcript to advisor at nursing@tamuct.edu

5. I have been enrolled in a BSN program before, that I did not complete. Yes ___ No ___

If YES, reason for leaving _____

Name of School attended & email Address of program: _____

Are you eligible for re-instatement? Yes. ___ No ___

5. I have made contact (online and/or by phone) with a nursing advisor:

Yes _____ Date _____ No _____

State law requires that you be informed of the following: 1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); 2) you are entitled to receive and review that information; and 3) you are entitled to have the information corrected at no charge to you

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