

Application for Admission to the RN to BSN Program

Date:			UIN:	
Name (Mr. Mrs. Miss Ms.) _	Last	First	MI	Maiden
Address:				
No./S	reet/Appt.	City	State/Zip	
Phone)	Cell #	Work #	
Email Address:	PI FASE PRINT I FO	SIRI Y		
	T ELAOL I KIIVI ELO	, , , , , , , , , , , , , , , , , , ,		
Have you completed an A	Associates of App	olied Science in Nurs	ing (AAS or ADN)?	
Yes	_Graduation Dat	e I	nstitution	
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 unofficia	I transcript to adv	visor at <u>nursing@tam</u>	uct.edu	
5. I have been enrolled in a	BSN program be	efore, that I did not co	omplete. Yes N	0
If YES, reason for leaving	J			
Name of School attended	& email Address	s of program:		
Are you eligible for re-ins	tatement?	Yes	No	
5. I have made contact (onli	ne and/or by pho	one) with a nursing ac	dvisor:	
Yes Date		No)	

If No, then please do so: nursing@tamuct.edu Or the College of Arts and Sciences at: 254-519-5441

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PERSONAL INFORMATION	1	
This information is required for st	ate and/or federal re	eports and for licensure verification
Name:		
Last	First	Middle
License Number:		
Last Four SS Number:		Date of Birth:
(Optional: This will ensure your of assigned an identification number		hed and processed properly. You will be de a social security number.)
students, license must be obtaine additional background check con	ed prior to progression and the contract of th	s a condition of admission. For pre-licensure on as outlined in the admissions policies. An may be required for certain clinical agencies. s confidential department file, not with academic
I consent to background check th No	irough the Departme	ent of Public Safety if required for clinical agency
I certify that the information provi	ded is accurate and	reasonably correct to the best of my knowledge:
Signature		_Date
information is voluntary and will b	pe used in a nondisc will be used for fedens or scholarship dec Alaskan Native ander Black	describes your ethnic background. This riminatory manner, consistent with applicable eral and/or state law reporting purposes only and cision.

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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