

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. Are you a R.N.? Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Licensure\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employed as a R.N.? \_\_\_ Yes \_\_\_ No

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Fall 20\_\_\_ Spring 20\_\_\_ Sum 20\_\_\_\_

3. Please email an unofficial transcript to advisor.

4. 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\_\_\_\_\_\_\_

If No, then please do so: prosise@tamuct.edu 254-519-5487

OVER

PERSONAL INFORMATION

This information is required for state and/or federal reports

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional: This will ensure your documents are matched and processed properly. You will be assigned an identification number if you do not provide a social security number.)

Ethnic Background

Please indicate which of the following groups best describes your ethnic background. This information is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws. The information will be used for federal and/or state law reporting purposes only and will not be used in any admissions or scholarship decision.

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ African American, Black

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ White, Non-Hispanic origin

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