



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 _____

If No, then please do so: nursing@tamuct.edu or mksanders-1@tamuct.edu 254-519-5487

OVER

PERSONAL INFORMATION

This information is required for state and/or federal reports and for licensure verification

Name: _____
Last First Middle

License Number: _____

Last Four SS 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.)

Verification of licensure by the school is conducted as a condition of admission. For pre-licensure students, license must be obtained prior to progression as outlined in the admissions policies. An additional background check conducted by university may be required for certain clinical agencies. Background check results will be kept in the student's confidential department file, not with academic records.

I consent to background check through the Department of Public Safety if required for clinical agency
_____ Yes _____ No

I certify that the information provided is accurate and reasonably correct to the best of my knowledge:

Signature _____ Date _____

Ethnic Background

Please indicate which of the following group(s) 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