



<input type="checkbox"/> On Campus
<input type="checkbox"/> Off Campus

DEPARTMENT OF NURSING  
COLLEGE OF HEALTH & HUMAN SERVICES  
**ADMISSION APPLICATION: RN TO BSN PROGRAM**

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

\_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden

\_\_\_\_\_ Street/Route \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Hours at Home E-Mail Address

**EDUCATION:**

**Colleges/Universities/Schools of Nursing Attended:**

\_\_\_\_\_  
\_\_\_\_\_

Highest **diploma/degree** earned:

( ) Diploma \_\_\_\_\_ ( ) Associate \_\_\_\_\_ ( ) Baccalaureate \_\_\_\_\_  
Year Year Year Indicate Major

Were you ever enrolled at Southeast Missouri State University? ( ) Yes ( ) No.

If yes, please list the Date(s): \_\_\_\_\_

Total University Credit hours completed to date: \_\_\_\_\_

**Note:** The following must be in the Department of Nursing's applicant file before consideration for acceptance to the RN to BSN Program can occur.

1. Southeast Missouri State University Degree Audit.
2. Resume (professional work as a registered nurse).
3. Proposed plan of study to complete program.
4. Xeroxed current RN license.

**APPLICATION DEADLINE: April 15 or until class is filled.**