DEPARTMENT OF NURSING

COLLEGE OF HEALTH & HUMAN SERVICES

Southeast RN TO BSN Track
ADMISSION APPLICATION
(Applications accepted until class is filled)

_____ _____ _____
Today's Date Student "S0" number Date of Birth

_____
Last Name Middle First

_____
Street/Route City State Zip Code

(___)_____ (___)_____ _____ (_____)_____
Home Phone Work Phone Hours at Home Cell Phone

E-Mail Address: _____

Past Education:
All Colleges/Universities/Schools of Nursing Attended:

_____

_____

Highest diploma/degree earned:
( ) Diploma _____ ( ) Associate _____ ( ) Baccalaureate _____
Year Year Indicate Major

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

Total University Credit hours completed to date:_____

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

1. Southeast Missouri State University Detailed Degree Audit.
2. Resume (professional work as a registered nurse).
3. Current RN license in the state nursing is practiced.

Return application to: RN to BSN Online Advisors, Southeast Missouri State University, Department of Nursing (MS8300), One University Plaza, Cape Girardeau, MO 63701 OR Fax to 573-651-2142 Attention: RN to BSN Online Advisors