



Application for Admission to the RN-BSN Program

All applicants must have already earned an Associate or Diploma of Nursing and hold an active state-issued Nursing license.

1. PERSONAL INFORMATION

Legal Name _____
Last First Middle Previous Name, Maiden, or other if applicable

Male Female Social Security Number (optional) _____ Birth Date _____

Mailing Address _____
Street Apartment Number

City _____ County _____ State _____ Zip _____

Telephone (_____) _____ E-mail Address _____

Did either of both of your parents graduate from a four year college? Yes No
If so, whom: Mother Father

Emergency Contact Information

Name _____ Relationship _____

Address _____ Telephone (_____) _____
Street Apartment Number

City _____ County _____ State _____ Zip _____

Ethnicity (optional):

(1) Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race): No, not Hispanic or Latino Yes, Hispanic of Latino

(2) Please select the racial category or categories with which you most closely identify by filling in the appropriate box(es): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Semester & Year for (*check one & enter year*): Fall Spring Summer Year: _____

2. MAJOR: RN to BSN Nursing Program

How did you hear about the RN to BSN program? _____

What was the primary factor that prompted you to apply to the RN to BSN program? _____

3. EDUCATION INFORMATION – Complete Education History Required

A. High School

School Name

High School Graduation Date _____

School Address _____

City _____

State _____

Zip _____

If you attended a Nevada High School, please indicate your High School Student ID Number: _____

If you did not graduate from high school, did you obtain a GED? Yes No If Yes, Date Obtained _____

Have you taken the ACT and/or SAT College Entrance Exam? SAT _____
Date taken (mm/dd/yyyy)

ACT _____
Date taken (mm/dd/yyyy)

Please have test scores sent to the college, if you would like us to use them for English or Math Placement.

B. College

List all colleges and universities attended. (Official copies of transcripts for all colleges and universities attended must be submitted to the Office of Admissions prior to the application being processed.)

Failure to list all prior institutions may result in dismissal from Nevada State College (*use a separate sheet if necessary*).

Did you receive a (*check one*) Diploma RN Associate Degree RN Date of Graduation _____

Nursing License Granted By Which State: _____

If not Nevada, a copy of the active state-issued Nursing license is required.

A copy of a current government-issued photo ID is required for all applicants.

Name of College	Location	Dates of Attendance	Degree or Credits Earned

4. EMPLOYMENT

Not Currently Employed

Current Employer _____ Length of Employment _____

Department _____ Position _____ Length of time in Position _____

Telephone (____) _____ Type of Employment Part Time Full Time

5. RESIDENCY

Students who graduated from a high school in the state of Nevada will be granted residency.

Is the high school you graduated from located in the state of Nevada? Yes No

If you are a transfer student, you will need to provide proof that you graduated from a high school in Nevada by submitting an official high school transcript.

If you did not graduate from a high school in Nevada and wish to be classified as a resident student, you must also submit the Residency Application along with supporting documentation which can be obtained through Nevada State College Office of Admissions & Records.

Failure to answer the following questions will result in the delay of the application process:

Citizenship United States
 Resident (Permanent Alien) Resident Alien Number _____ Expiration Date _____
 Other Foreign Visa Type _____ Expiration Date _____

If not a United States citizen, specify your country of citizenship _____

Please Note: Nevada State College cannot accept students with F-1 or J-1 visas.

Office Use Only

NV _____ OS _____ State _____ WU _____ Dual _____/School _____

I hereby certify, under penalty of perjury, that all the statements above are true and correct. I accept complete responsibility for obtaining official transcripts in sealed envelopes from each school attended and sending them to the Office of Admissions & Records. I fully understand that these transcripts are not returnable and cannot be reproduced. I agree to abide by all the rules and regulations of Nevada State College.

Effective for all applicants for Summer 2009 and future: Upon admission, all RN-BSN students are granted 11 courses (34 credits) worth of credit-by-exam credit for the completion of their Associate or Diploma in Nursing. These courses are \$60 each, for a total of \$660, which will automatically be charged to the student's account.

Applicants Signature _____ **Date** _____

Nevada State College does not discriminate in the admission of students on account of sex, color, race or creed, handicaps, national origin, or sexual orientation

Return this application, along with all required supporting documentation to the Office of Admissions & Records.

Mailing address: Nevada State College
Office of Admissions & Records
1125 Nevada State Dr.
Henderson, NV 89002

Physical Address: 311 S. Water St.
Henderson, NV 89015

Fax: (702) 992-2111