

APPLICATION FOR PROGRAM ADMISSION RN-BSN Program

NOTE: International students with F1 or J1 Visa Status may not enroll in the RN-BSN Program. The RN-BSN Completion program would require students to enroll in courses not taught online according to federal regulations. Applicants may obtain more information about regulations by contacting the Primary Designated School Official (PDSO) at the Office of the Registrar at GSW for information.

Date_____

Applying for SON admission cycle: Fall ___ **Spring** ___ **Summer** ___ **Semester/Year:** _____

GSW ID Number: _____ **Date accepted to GSW** _____

1. Print name in full _____

Last First Middle

2. Usual signature_____

3. Permanent address_____

(Number & street or route)

City County State Zip Code

4. Telephone numbers: (home)_____ (cell) _____

5. Electronic mail address: _____

Enter Email address you will check most often

6. Local mailing address _____

Enter the address where you will receive your mail while attending the University

City County State Zip Code

7. Local telephone numbers: _____ (cell) _____

8. Person to be notified in case of emergency:

Name_____ Telephone_____

Relationship_____

Address_____

City County State Zip Code

9. Give information concerning nursing program(s) attended (location of program; when and where you passed the licensure exam ([NCLEX-RN; SBTPE])

**APPLICATION FOR PROGRAM ADMISSION
RN-BSN Program**

10. Field of Degree: _____ Date graduated: _____

College/University: _____

11. Are you currently working as an RN? If yes, give location and job title. _____

12. In what states are you currently licensed to practice registered nursing? _____

13. Are you currently licensed in any health care field? _____ If so, which field? _____

Identify license number(s) _____

14. How did you first learn about GSW School of Nursing? _____

15. Have you ever been dismissed from any nursing program? _____

16. List all courses you plan to complete before the semester for which you are applying (Note: All core courses must be completed by the end of May. No courses can be taken the summer before entering nursing school.):

Course	Semester	Institution

We encourage you to start the application process at least 6-8 weeks prior to the deadline. This will give sufficient time to process your application.

The SON Application Form and the required support documents must be received by the SON by the published application deadline via email to nursing@gsw.edu, FAX, mail, or personal delivery to:

**School of Nursing
Student Services Coordinator
Georgia Southwestern State University
800 Georgia Southwestern State University Drive
Americus, GA 31709
FAX: 229-931-2288**

I acknowledge that the information on this application is correct.

Signature

Date