

## APPLICATION FOR ADMISSION

REGISTERED NURSE BACHELOR OF SCIENCE -NURSING (RN-BSN)

The RN-BSN online degree completion program is for those who hold a two year RN degree <u>AND</u> are either currently licensed as a registered nurse or have a valid temporary license.

First*		Middle		Last*				
Maiden (if applicable)		Preferred First			Date of Birth* MM/DD/YYYY//			
Gender* Female Male	Home Phon	ne*	Cell Phone*		Receive	Receive Text Messages* Yes No		
Email*								
			T					
Mailing Address Line 1*		Line 2				_		
City*		State*		Zip code*		County		
ACADEMIC HISTORY HIGH SCHOOL or GED/TASC*				(Intern	ational applicant	ts use name that appea	rs on passp	
School name		City	State		PA [	Date Degree Earned/Expected		
COLLEGE			·		,			
School name		City	State	G	PA [	Degree Earned/Expe Yes No		
School name		City	State	G	PA [	Degree Earned/Exped Yes No		

If you are a current UC student or are a transfer student, your application is not complete and will not be accepted until the following requirement is attached to this application.

An official copy of all of your previous college/university transcripts.

\*Must complete UC general admission requirements with UC Admissions Office prior to submission of this application.

## LICENSURE HISTORY

Yes

No Are you currently licensed or temporarily licensed as a registered professional nurse in any state or U.S. territory?

If so, please submit a copy of your current, unencumbered license or valid temporary license.

By my signature, I certify that the answers I have given to all questions on this application are correct and complete to the best of my knowledge. I understand that falsification or omission of information or credentials may result in revocation of admission. I also understand I must provide official transcripts from ALL educational institutions I have attended to complete the admissions process. I further give permission for my high school(s) and/or college(s) to release to the University of Charleston any transcripts or records necessary for the evaluation of my application for admission as requested by University of Charleston staff/faculty.

Signature\* Date\*

The University of Charleston does not discriminate against any person because of race, color, religion, sex, national or ethnic origin, age, disability, or veteran status in the administration of its educational policies, scholarship and loan programs, admissions, employment, athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia.

Thank you for your interest in the Univsersity of Charleston Capito Department of Nursing
We will respond to your application with a letter of decision within no more than two weeks from the application deadline.

## ADDITIONAL INFORMATION

This application becomes the property of the University of Charleston, Capito Department of Nursing. You are urged to make a copy of this application, and all other material submitted, prior to submitting this application. Please submit your completed application and required documents to:

Suzanne Summers, BA Administrative Assistant. BSN Program University of Charleston 2300 MacCorkle Avenue, SE, Suite 400 Charleston, WV 25304

## **REQUEST FOR ACCOMMODATION**

This university will adhere to all applicable federal, state, and local laws, regulations and guidelines with respect to providing reasonable accommodations in regards to affording equal educational opportunity. It is the student's responsibility to contact the Director of the Academic Success center and provide valid documentation to receive accommodations and services.

If you have disabilities and will require special accommodations, please contact Allison Grassie, Director of the Academic Success Center at 304-347-6983 or allisongrassie@ucwv.edu.

You may also visit www.ucwv.edu/ASC/ for more information.

Office Use Only	
Date Received:	
Received by:	
Signature:	



