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| **BSN COMPLETION PROGRAM – RN-BSN ADMISSION/READMISSION APPLICATION**  *Revised 1/14/2020* |

**Application is required to seek formal School of Nursing admission or readmission to the RN-BSN option.**

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| Personal Data | | | | | | |
| **Full Legal Name:** | **Last Name** | | **First Name** | | **Middle Name** | |
|  | |  | |  | |
| **Other Names:** | **Other names used if different than above:** | | | | | |
|  | | | | | |
| **Other Personal Info:** | **Gender** | | **Date of Birth** | | **University of Wyo. ID # (if known)** | |
|  | |  | |  | |
| **Email:** | **Personal Email Address (non-UW)** | | | **UW Email Address (if known)** | | |
|  | | |  | | |
| **Mailing Address:** | **Street/Box** | | | | | |
|  | | | | | |
| **City** | | **State** | | **Zip Code** | |
|  | |  | |  | |
| **Other Contact Info:** | **State of Legal Residence** | **County** | **Current Phone** *(include Area Code)* | | **Work Phone** *(include Area Code)* | **Cell Phone** *(include Area Code)* |
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| Program Questions & Personal Information | | | | | | |
| 1. **For which semester/year are you seeking formal School of Nursing admission/readmission?**   **(UW enrollment in nursing coursework will be required for semester seeking formal admission.)** | | | | | |  |
| 1. **Have you been admitted to UW as pre-nursing RN-BSN and do you have official transcripts from every college/university attended on file with UW? (UW Admission and official transcripts are required in order to process this application.)** | | | | | |  |
| 1. **Note the location and semester/year the associate’s degree or diploma in nursing was earned.** | | | | | |  |
| 1. **Do you have unencumbered RN licensure? If the answer is Yes, note the state and license number.** | | | | | |  |
| Statement of Understanding and Permission to Release Information | | | | | | |
| I hereby certify that the above statements are true to the best of my knowledge. In addition, I have read and acknowledge an understanding of the Program of Study noted on the RN-BSN website. I also grant permission to the Fay W. Whitney School of Nursing to release information from my educational records for such purposes as prospective employment, scholarships, Graduate School, Sigma Theta Tau Honor Society, or other requests **I have initiated**. This release will be retained in my permanent file at the School for any future requests:  *Signature and date agreeing to the above statements***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |