

## RN to BSN/MSN Application for Admission to the Nursing Department

\*Please include a non-refundable \$50 nursing application fee with your application. (Make check payable to WTAMU Department of Nursing). *Applications are good for one year.*

**RN to BSN Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

*City, ST ZIP Code*

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ WT ID # \_\_\_\_\_ Gender: \_\_\_\_\_

RN License #	State		YES	NO
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you a permanent resident?	YES	NO
Have you applied to the University?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when? _____		
Have you ever attended WT in the past?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when? _____		

What is your Educational Goal; **RN to BSN or RN to MSN?** \_\_\_\_\_

Please list your **CertifiedBackground.com** passcode: \_\_\_\_\_

*A criminal background check is required on all applicants before admission to the nursing program.*

Do you require any special assistance or equipment to enable you to progress in the nursing program? *If yes, please explain or make an appointment to discuss your needs.* \_\_\_\_\_

**Educational Background, beginning with the most recent**

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Are you currently taking courses at this school? \_\_\_\_\_ If yes, what courses? \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

<b>LIST YOUR RN EXPERIENCE, BEGINNING WITH THE MOST RECENT</b>			
<b>Year</b>	<b>Position and Area</b>	<b>Institution</b>	<b>Address</b>
Ex: 2007-2008	Head Nurse-Medical Surgical Unit	Memorial Hospital	4410 Oak St. Brownsville, TX 78320
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Current immunizations and CPR certifications are required for all nursing students. Please include copies of all required immunizations and CPR training along with your nursing application.
- ~~A~~Please include copies of transcripts (other than WTAMU), if they have not already been submitted to the university. Unofficial transcripts could potentially expedite the university admission process.
- ~~A~~The nursing application deadline is the last day of registration for the fall, spring and summer semesters. However, the student must be accepted to the University in order to register for classes.

Fill out the application, print it, and mail it with your application fee and additional documents to:  
 WTAMU Nursing Department  
 Attn: RN to BSN/MSN Program  
 PO Box 60969  
 Canyon, TX 79016