Application for admission to:

Department of Nursing and Rehabilitation Sciences
RN – BSN PROGRAM

Applications to the nursing programs are **NOT** accepted without a COMPLETE **application packet**.

Please **type, print out, and mail** this application with supporting materials in **one** packet.

Name in Full: _____
Last Name First Name MI Maiden

Social Security # (Last 4 only): _____ ASU CID Number: _____ Date of Birth: _____

Mailing Address: _____
City State Zip

E-mail Address: _____

Home Phone: _____ Alternate Phone: _____
Area code/number Area code/number

School of Nursing graduated from: _____

Associate Degree_____ Diploma_____ _____
City/State

Date degree awarded _____

Unencumbered RN Licensure # / State: _____/____ Expiration Date_____

Other Colleges/Universities you have attended or are presently attending:

_____

_____

Other Diploma or Degree received: _____

Have you ever taken nursing courses in another RN-BSN Program at any university/college? ☐ Yes ☐ No

If yes, _____
Name of School City/State Dates

Do you wish to have these nursing courses evaluated for <u>possible</u> transfer credit? ☐ Yes ☐ No

If yes, you will need to submit copies of course descriptions, course syllabi, course work. This material must be submitted a minimum of 2 months prior to application deadline to allow time for review.

Application Check List

Students will turn in a complete application packet to the Nursing Office. Incomplete application packets will not be considered in the selection process. Complete application packet includes:

☐ All applicants must be fully admitted to Angelo State University before applying to the BSN Program. (Apply to the university at: www.applytexas.org/adappc/commonapp.wb)

☐ Official transcripts must be sent to Admissions. Do not send them to the Nursing Program.

☐ Completed Criminal Background Check through agency contracted with the Nursing Program

☐ Two professional letters of reference from your immediate RN Nursing Supervisor or another RN with at least a BSN, a Clinical Instructor or Nursing Director from your nursing program.

PLEASE REVIEW AND INITIAL

___ I understand that withholding or giving false information on this application will make me ineligible for admission to or continuation in, the Angelo State University Nursing Program.

___ I understand that it is my responsibility to be sure my application is complete with all required information before I can be reviewed for admission to the nursing program.

___ I understand that I must receive a Letter of Acceptance from the Nursing Program before I can register for nursing courses, and I will be dropped from nursing courses if I register before receiving an acceptance letter.

___ I understand that if accepted, I am not guaranteed class availability; therefore, I will be advised and enroll in a timely manner.

___ I understand the nursing program is online, and I will be prepared with the necessary computer resources and skills required to allow me to successfully complete this program.

My signature on this form demonstrates that all the information contained in this application is accurate and current.

Signature_____ Date_____

Please send transcripts directly to the Office of Admissions.

Mail this application and additional required information to:
Angelo State University
College of Health and Human Services
ASU Station #10911
San Angelo, TX 76909
F: (325) 942-2631
P: (325) 942-2630

The information you have supplied on this form is maintained by the University.
You have the right to review and correct this information by contacting the Nursing Program
Privacy Policy