



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 #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

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

Home Phone: \_\_\_\_\_ Area code/number      Alternate Phone: \_\_\_\_\_ 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 possible 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](http://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
- A current photo
- 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 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**

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](#)