School of Nursing
Online RN-BSN Completion Track

APPLICATION FOR ADMISSION

Please type or print in ink

S.S.# _____ Date of birth _____ Citizen of _____

Current Name: _____ _____ _____
Last (Family name) First (given name) Middle/ Maiden

Permanent address _____
No. and street Apt. No.

_____
City or town State Zip code

Daytime phone # (___)_____ Evening time phone # (___)_____
Please be sure to give a phone # where you may be reached if we have any questions.

(Circle one) Baptist Catholic Methodist Presbyterian Other

ALL COLLEGES ATTENDED: (include current enrollment in Mississippi College and any vocational training)

Institution	**Location (City & State)**	**Dates**	**Degree Earned**

List courses in progress and courses you will complete prior to admission:

_____ _____
_____ _____
_____ _____

List extracurricular activities in which you have been involved (include honors received, leadership positions held and religious activities

_____ _____
_____ _____
_____ _____

Write a brief paragraph (100 words or less) describing the events which have influenced your choice of nursing as a career: (type and attach to the application)

Please respond to the following personal questions (include explanations on another page if necessary):

Yes ☐ No Have you ever attended any other RN-BSN nursing program?
If yes, Please submit a letter of good standing from the School
Specify school and dates _____
If you are not eligible to return please explain_____

Yes ☐ No LPN licensure? License #_____ If yes:
Yes ☐No Has your license ever been revoked?
Yes ☐No Have you ever been placed on probation?

Yes ☐ No RN licensure License #_____
Yes ☐No Has your license ever been revoked?
Yes ☐No Have you ever been placed on probation?

Yes ☐ No Do you know of any matter which might otherwise adversely affect your admission to this school ?

- Have you been convicted or pled guilty or no contest to any crime even those that are expunged (other than a misdemeanor or traffic violation) ? Proof of a criminal background check will be required with the application packet

I affirm that the information in this application is accurate and complete and understand that falsification of information is grounds for dismissal from the program.

_____ _____
Signature of applicant Date