



RN-BSN Track Admission Application

Please type or print

Full Legal Name: _____
Last First Middle Maiden (if applicable)

Permanent Address: _____
Number and Street or Route City State/Country Zip

Telephone: Home (____) _____ Work (____) _____ Cell: (____) _____

Email: _____ Male Female U.S. Citizen: Yes No

Date of Birth (00/00/00) _____ Social Security Number _____

High School Attended _____
Number and Street or Route City/State Zip COUNTY

List any other degrees or professional diplomas you have earned:

Degree/Diploma	Institution	Grad. Date

RN-BSN Track Admission Criteria

Admission is determined on a competitive basis. The total number of students admitted to the program is based upon available faculty.

- Entrance into the RN-BSN track requires admission to both the University and the Yancey School of Nursing.
- Cumulative college GPA of 2.0 on a 4.0 scale.
- Provide verification of non-restricted, valid RN license.
- The new graduate who has taken the NCLEX-RN may be admitted to the RN-BSN track before the test results are available (non-clinical courses only). In the event RN licensure is not received, withdrawal from the RN-BSN track is mandatory at the end of the current semester.
- Provide official transcript from Associate's Degree or Diploma nursing program.
- Provide current curriculum vitae (CV) or resume.
- Provide two satisfactory letters of reference; one from immediate supervisor and one personal reference.

Educational Planning Data

- How long since you have taken college level classes? _____
- Do you have a reliable computer with high speed internet access? Yes No
- Do you have the following programs? Microsoft Office 7 or above
OR Microsoft Word (7 or above) Microsoft Powerpoint (7 or above) Microsoft Excel (7 or above)
- Have you ever taken online classes? Yes No
- How do you feel about your computer skills? Basic Intermediate Advanced
- Do you utilize social networking? Facebook Twitter

I affirm that all information provided in this application is complete and accurate. If any of the information provided in this application changes during my enrollment, I agree to supplement my application with additional information. I understand that any false or misleading statements made by me in this application, the attached information, or during interviews conducted in connection with my application may result in denial of acceptance into the Yancey School of Nursing or termination of my status as a student in the Yancey School of Nursing.

Individuals with misdemeanor or felony convictions may not be permitted to take the State Board Examination for Registered Nurses (NCLEX-RN).

Signature of Applicant _____

Date _____

Upon completion, please submit this application to: Yancey School of Nursing, 100 Academic Parkway, KCU Box 2047, Grayson, Kentucky 41143