



COLLEGE OF
HEALTH PROFESSIONS
School of Nursing RN to BSN Program
(Application for ASN/Diploma Graduates)

Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____

City/ State/Zip Code: _____

County: _____ Email:Address: _____

Semester starting the program (Fall, Spring, or Summer): _____

MU ID#: _____ OR last four of S#: _____

Date of Birth: _____ Gender: _____ Ethnicity: _____

Telephone Home: _____ Cell: _____

Place of employment: _____ Phone: _____

In which states are you currently or have you previously been licensed as a Registered Nurse (Include state, license number, and license status (active, non-active) for EACH.

Do you now OR have you ever had any disciplinary action (e.g., suspended, revoked, limitations, restrictions) against your RN License: _____ (If YES, attach letter of explanation)

Are you currently under investigation for any action related to your RN license? _____

(If YES, attach letter of explanation)

Are you currently under investigation OR have you ever plead guilty, no contest, or been convicted of a crime other than a minor traffic violation? _____ (If YES, attach letter of explanation)

Basic Nursing Education (Associate degree or diploma): _____

Nursing School Graduated From: _____

Month/Year Graduation: _____ OR expected month/year of graduation _____

Do you hold a Bachelor's Degree or higher in a non-nursing field? (list degree, date obtained, and institution)

Other Colleges Attended _____

NOTE: Only 72 hours of community college credit will count towards a BSN at Marshall University. One hundred twenty (120) Hours is required to complete the RN to BSN program. Additional non-nursing hours may be required to complete the BSN. See curriculum in undergraduate catalog.

***If current name differs from name on transcripts and/or RN license, the applicant must submit official documentation such as legal name change, divorce decree(s), or marriage license(s) to the School of Nursing with this application.**

I certify that I am the person named on this application and that the information provided on this form is true and correct.

Signature and Date: _____

Falsification and/or omission of any of the required information may result in the denial of the application.

Important Steps to Complete Application to the RN to BSN program.

Applicants **must** also apply to Marshall University (form available on Marshall University website, www.marshall.edu), and **official transcripts** must be sent to Marshall University Admissions Office **AND** the School of Nursing (see address below).

Applications to the RN to BSN program cannot be processed for admission unless the student has been admitted to Marshall University. It is the applicant's responsibility to check with the University Admissions Office (1-800-642-3499 or admissions@marshall.edu) to make sure all required information has been received and the application for admission can be processed.

A \$30.00 **non-refundable** admission fee must accompany this application. Make check or money order payable to Marshall University School of Nursing. Mail to: Marshall University, School of Nursing, Prichard Hall-room 421, One John Marshall Drive, Huntington, WV 25755-9510.

After admission to the program and prior to starting classes, a satisfactory background check and drug screen through Verified Credentials must be completed by the due date given in the admission letter. Applicants can contact the Records Assistant at musonstudentrecords@marshall.edu for additional information on how to complete the background check and drug screen.

How did you hear about the RN to BSN Program at Marshall University?

- _____ Advertisement in a nursing magazine/newspaper?
- _____ Marshall University online information?
- _____ From a colleague/friend
- _____ Other _____