



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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

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](http://www.marshall.edu)), and **official transcripts** must be sent to Marshall University Admissions Office **AND** the School of Nursing (see address below). Additionally, a background check and drug screen through Verified Credentials must be completed by the application due date (either April 1 or October 1). Background check and drug screen information can be found at <http://www.marshall.edu/nursing/school-of-nursing/online-rn-to-bsn-program/admission-criteria-process-for-rn-to-bsn/> Applicants can contact the Records Assistant at [musonstudentrecords@marshall.edu](mailto:musonstudentrecords@marshall.edu) for additional information on how to complete the background check and drug screen.

**Applications to the RN to BSN program cannot be processed for admission unless the student has been admitted to Marshall University and the background check and drug screen have been completed. Incomplete applications for the RN to BSN Program will not be processed.** It is the applicant's responsibility to check with the University Admissions Office (1-800-642-3499 or [admissions@marshall.edu](mailto: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.

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 \_\_\_\_\_