

School of Nursing RN to BSN Program
(**Application for ASN/Diploma Graduates**)

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

 (Last Name) (First Name) (Middle Name) (Maiden Name)

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****.*

**\*\* Students will be notified in writing of admission decision within two months after the application is received by the School of Nursing.**

**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).

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 2/2/22