

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**  
SCHOOL OF NURSING

**Accelerated RN to BS Program Application for Admission to the School of Nursing**

**PLEASE TYPE OR PRINT:**

Name: \_\_\_\_\_ SIUE ID #: \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

E-mail: \_\_\_\_\_ SIU E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**NAME AND ADDRESS OF EMPLOYER:**

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Have you attended any college or university before? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the college/university that you attended and date:

Name of Institution

Dates of Attendance

2. Have you graduated from another college or university? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, please name the college or university attended and the year and the degree obtained:

Name of Institution

Degree Obtained

Date

3. Where did you receive your nursing degree?

School: \_\_\_\_\_

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

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

RN License # \_\_\_\_\_ State \_\_\_\_\_

**(Send in a copy of your current unencumbered RN license with your application)**

If your license is pending, please state your anticipated licensure exam date.

\_\_\_\_\_

4. Have you applied at Southern Illinois University before? Yes\_\_\_\_\_ No\_\_\_\_\_

5. Have you previously applied to the nursing program? Yes\_\_\_\_\_ No\_\_\_\_\_

6. Please describe any professional activities, awards or certifications received. Also list any extracurricular or community activities that you currently participate in (e.g., music/theater, community volunteer activities, organizations, clubs, leadership, athletics, military experience, professional activities, etc.).

7. Please describe your work experience. Give title of positions and years of experience (or attach a current resume).
  
  
  
  
  
  
  
  
  
  
8. Please provide a personal statement about your reason(s) for pursuing a baccalaureate degree in nursing. Include any career goals that you have.

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(Applicant's signature)

(Date)

This certification must be signed and dated by the Applicant before action can be taken on this admission. I understand that withholding information requested on this application or giving false information may make me ineligible for admission into the School of Nursing or subject to dismissal. I certify that the statements I have made on this application are correct and complete.

**Return Application to:**  
SIUE School of Nursing  
Campus Box 1066  
Edwardsville, IL 62026-1066

The SIUE Annual Security and Fire Safety Report is available online at [www.siu.edu/securityreport](http://www.siu.edu/securityreport). The report contains campus safety and security information and crime statistics for the past three calendar years and fire safety policies and fire statistics for the previous calendar year. This report is published in compliance with Federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" and the Higher Education Opportunity Act also known as the "Campus Fire Safety Right to Know." For those without computer access, a paper copy of the report may be obtained from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.