

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
SCHOOL OF NURSING

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

PLEASE TYPE OR PRINT:

Name: _____ Social Security #: _____

Local Address: _____

(City) (State) (Zip Code)

Telephone: _____ E-mail: _____

Permanent Address: _____

(City) (State) (Zip Code)

Home Telephone: _____

Cell Phone: _____

NAME AND ADDRESS OF EMPLOYER:

Name: _____

Address: _____

(City) (State) (Zip Code)

Telephone: _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Application Received _____ By _____

Entered in Database _____ By _____

File Created: _____ By _____

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 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.

(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