

## 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) Telephone: \_\_\_\_\_ E-mail:\_\_\_\_\_ Permanent Address: \_\_\_\_\_ (City) (Zip Code) (State) Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ NAME AND ADDRESS OF EMPLOYER: Name: \_\_\_\_\_ Address: (State) (Zip Code) (City) Telephone: PLEASE ANSWER THE FOLLOWING QUESTIONS: Have you attended any college or university before? Yes\_\_\_\_\_ No\_\_\_\_ 1. Please list the college/university that you attended and date:

## 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 Institut	<u>ion</u>	<u>Degree Obtained</u>		<u>Date</u>		
3.	Where did you receive your nursing degree?						
	School:				<del></del>		
	Address:						
		(City)	(State	:)	(Zip Code)		
RN	RN License # State						
lic	udents are require ense, you must ap	ed to have an ply for recipr	of your license with your license. If your license. If your ocity in Illinois.	ou have a	n out-of-state		
4.	Have you applied a	t Southern Il	linois University before	e? Yes	No		
5.	Have you previous	y applied to t	he 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. (or attach a current resume).	Give title of positions and years of experience
8.	Please provide a personal statement ab degree in nursing. Include any career	pout your reason(s) for pursuing a baccalaureate 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

The SIUE Annual Security and Fire Safety Report is available online at <a href="www.siue.edu/securityreport">www.siue.edu/securityreport</a>. 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.