SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
SCHOOL OF NURSING

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)   (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 license with your application)

Students are required to have an Illinois license. If you have an out-of-state license, you must apply for reciprocity in Illinois.

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

11/1/2012