

APPLICATION FOR ADMISSION TO THE SFASU SCHOOL OF NURSING

RN BSN ONLINE TRANSITION PROGRAM

P. O. Box 6156, SFA Station / Nacogdoches, TX 75962-6156 / (936) 468-1647 / kmigl@sfasu.edu

BEGINNING _____, 20____

(Fall, Spring, Summer)

I. (Please legibly print the information requested below.)

Last Name First Name Middle (Maiden) Soc. Sec. No.

Local Address _____ Home Telephone (____) _____

Cell Phone (____) _____

Business Telephone (____) _____

City, State, ZIP

E-mail: _____

Parent's/Guardian's

Address _____

Parent's Telephone (____) _____

Alternate Telephone (____) _____

City, State, ZIP

Marital Status: ___Single ___Married ___Divorced ___Widowed

NAME AND ADDRESS OF SCHOOL THAT AWARDED RN DEGREE:

YEAR GRADUATED _____ **TYPE OF DEGREE:** ___Associate ___Diploma ___Other degrees

CURRENT LICENSE: _____

OTHER STATES IN WHICH YOU ARE LICENSED: _____

(If you are not licensed in the State of Texas, you will be expected to do so before entry into any nursing courses which require clinical experience.)

NURSING EXPERIENCE (List the most recent first.):

Name of Institution	City and State	Date of Entrance	Date of Leaving	Position
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IV. I certify that the information given on this application is complete and correct.

Signature of Applicant

Date Signed