

WICHITA STATE UNIVERSITY

College of Health Professions School of Nursing RN to BSN

APPLICATION FORM

Mr. _____
Ms. _____
Last Name First Middle Maiden Other name used on records
(Use full name - no initials)

Social Security Number _____ Female Male Date of birth ____/____/____
Ethnic status (voluntary): Asian, Pacific Islander, or Indian Sub-continent. American Indian or Alaskan
Native African-American, Non-Hispanic White, Non-Hispanic Hispanic International Student (study visa)
Current Address _____ Phone () _____
Street City State Zip

Permanent Address _____
Street
I am applying to begin enrollment in Wichita State University's Baccalaureate Nursing Program (specify year): Fall _____ Spring _____

To be eligible for review by the School of Nursing Undergraduate Admission Committee, an applicant completes the following steps:

1. Be admitted to WSU. Applications to the university are available from the Office of Admissions, Wichita State University, Wichita, KS 67260-0124.
2. Have submitted to both the Admissions Office and the School of Nursing official transcripts of all college work which has been completed. Graduates of a diploma School of Nursing should request a transcript to be sent to the WSU, School of Nursing.
3. Have developed a Plan of Study with the School of Nursing advisor which indicates a schedule for the completion of prerequisite courses prior to enrollment in the nursing program. (Minimum of 60 credit hours.)
4. Have a 2.50 grade point average with a grade of at least "C" in specified prerequisite courses. (See the Enrollment Procedure for the RN to BSN Student for more detailed information.)
5. Submit signed statement regarding Technical Standards for the nursing program
6. Submit signed statement regarding computer competency.
7. **Work Experience** (0-5 years after graduation-none required. >5 years after graduation-1,000 hours in last 3 years.)

Agency _____ Employment Dates _____

If for some reason I cannot enter the nursing program, I shall notify the School of Nursing immediately.
Signature _____ Date _____

Please send the Application Form at least one semester prior to projected enrollment in nursing courses to: School of Nursing, Wichita State University, Wichita, KS 67260-0041

NOTICE OF NONDISCRIMINATION: Wichita State University does not discriminate in its programs and activities on the basis of race, religion, color, national origin, gender, age, sexual orientation, marital status, status as a Vietnam Era Veteran or disability. The following person has been designated to handle inquiries regarding nondiscrimination policies: Director, Office of Equal Employment Opportunity, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0145, (316) 978-3371.