



COLLEGE OF  
HEALTH PROFESSIONS  
School of Nursing RN to BSN Program

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Maiden Name)

Address: \_\_\_\_\_

City/ State/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Email: Address: \_\_\_\_\_

Semester starting the program (Fall or Spring): \_\_\_\_\_

MU ID#: \_\_\_\_\_ OR last four of S#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you an international student? \_\_\_\_\_

In which states of the United States or its territories are you currently or have you previously been licensed as a Registered Nurse (Include state, license number, and license status (active, non-active) for EACH.

\_\_\_\_\_  
\_\_\_\_\_

Do you now OR have you ever had any disciplinary action (e.g., suspended, revoked, limitations, restrictions) against your RN License: \_\_\_\_\_ (If YES, attach letter of explanation)

Are you currently under investigation for any action related to your RN license? \_\_\_\_\_

**(If YES, attach letter of explanation)**

Are you currently under investigation OR have you ever plead guilty, no contest, or been convicted of a crime other than a minor traffic violation? \_\_\_\_\_ ( If YES, attach letter of explanation)

Basic Nursing Education (Associate degree or diploma): \_\_\_\_\_

Nursing School Graduated From: \_\_\_\_\_

Month/Year Graduation: \_\_\_\_\_ OR expected month/year of graduation \_\_\_\_\_

Do you hold a Bachelor's Degree or higher in a non-nursing field? (list degree, date obtained, institution)

\_\_\_\_\_

Other Colleges Attended \_\_\_\_\_

**NOTE:** Only 72 hours of community college credit will count towards a BSN at Marshall University. One hundred twenty (120) Hours is required to complete the RN to BSN program. Additional non-nursing hours may be required to complete the BSN. See curriculum in undergraduate catalog.

**\*If current name differs from name on transcripts and/or RN license, the applicant must submit official documentation such as legal name change, divorce decree(s), or marriage license(s) to the School of Nursing with this application.**

I certify that I am the person named on this application and that the information provided on this form is true and correct.

Signature and Date: \_\_\_\_\_

***Falsification and/or omission of any of the required information may result in the denial of the application.***

**\*\* Students will be notified in writing of admission decision within two months after the application is received by the School of Nursing.**

**Important Steps to Complete Application to the RN to BSN program.**

Applicants **must** also apply to Marshall University (form available on Marshall University website, [www.marshall.edu](http://www.marshall.edu)), and **official transcripts** must be sent to Marshall University Admissions Office **AND** the School of Nursing (see address below).

**Applications to the RN to BSN program cannot be processed for admission unless the student has been admitted to Marshall University.** It is the applicant's responsibility to check with the University Admissions Office (1-800-642-3499 or [admissions@marshall.edu](mailto:admissions@marshall.edu)) to make sure all required information has been received and the application for admission can be processed.

**After admission to the program and prior to starting classes,** a satisfactory background check and drug screen through Verified Credentials must be completed by the due date given in the admission letter. Applicants can contact the Records Assistant at [musonstudentrecords@marshall.edu](mailto:musonstudentrecords@marshall.edu) for additional information on how to complete the background check and drug screen.

How did you hear about the RN to BSN Program at Marshall University?

- \_\_\_\_\_ Advertisement in a nursing magazine/newspaper?
- \_\_\_\_\_ Marshall University online information?
- \_\_\_\_\_ From a colleague/friend
- \_\_\_\_\_ Other \_\_\_\_\_