



RN to BSN Application for Admission to the Nursing Department

*Please include a non-refundable \$50 nursing application fee with your application. (Make check payable to WTAMU Department of Nursing). *Applications are good for one year.*

RN to BSN Applicant Information

Full Name: _____ Date: _____

Address: _____

City, ST ZIP Code

Phone: () _____ E-mail Address: _____

Date of Birth: _____ WT ID # _____ Gender: _____

RN License #	State			YES	NO
Are you a citizen of the United States?	YES	NO	If no, are you a permanent resident?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have you applied to the University?	YES	NO	If yes, when?		
	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever attended WT in the past?	YES	NO	If yes, when?		
	<input type="checkbox"/>	<input type="checkbox"/>			

Please list your **CastleBranch.com passcode: (ES85BC)** _____
A criminal background check is required on all applicants before admission to the nursing program. (Date Ordered) _____

Do you require any special assistance or equipment to enable you to progress in the nursing program? *If yes, please explain or make an appointment to discuss your needs.* _____

Educational Background, beginning with the most recent

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Are you currently taking courses at this school? _____ If yes, what courses? _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

LIST YOUR RN EXPERIENCE, BEGINNING WITH THE MOST RECENT			
Year	Position and Area	Institution	Address
Ex: 2007-2008	Head Nurse-Medical Surgical Unit	Memorial Hospital	4410 Oak St. Brownsville, TX 78320

- Current immunizations and CPR certifications are required for all nursing students. Please include copies of all required immunizations and CPR training along with your nursing application.
- The **Nursing application deadline** is the last day of registration for the fall, spring, and summer semesters. However, the student must be accepted to the University in order to register for courses.
- Please include copies of transcripts (other than WTAMU), if they have not already been submitted to the university.

Fill out the application, print it out, and mail it with your application fee and additional documents to:
 WTAMU Nursing Department
 Attn: RN to BSN/MSN Program
 PO Box 60969
 Canyon, TX 79016