

Date Received in Office:

School of Nursing Bachelor of Science in Nursing Program - RN to BSN Entry

Name:	(Last) (First)		Tarleton ID # (Tarleton ID available after admission to the University)		
Address:		Telephone	(Area Code) Cell		
City/ST/Z	Zip:		(Alea Code) Cell		
E Mail:			(Area Code) Other		
D 1					
Do you n	ave an associate degree or diploma in nursing? If yes, date awarded (month/year) If yes, name of institution granting associate of when will you be taking you state board example.	degree or diploma in nurs	No sing? If no,		
Are you a	RN in Texas?	Yes	No		
	If yes, license # If no, e	explain i.e., new graduate/out of s	state license)		
Do you h	ave a Non-Nursing Bachelor's Degree?	Yes	No		
	If yes, what is the degree		Year awarded		
	If yes, awarding University/College				
Have you	taken course work at Tarleton?	Yes	No		
	If yes, what year(s)?				
Other col	leges and/or universities and the year(s) attend	led:			
Course(s) in which currently enrolled:				
Do you p	lan to continue the streamlined process to your	r MSN following BSN co	ompletion?	Yes	No
	at by signing this application all information as Nursing and Admission Program Requirement			d followed the	Tarleton
Student S	ignature		Date		

Submit this application, resume, and receipt of application payment fee to APPLYNURSING@Tarleton.edu. The application process also includes a \$35 nonrefundable fee. The non-refundable \$35 application fee is to be paid online at

 $https://epay.tarleton.edu/C20203_ustores/web/classic/store_main.jsp?STOREID=53.$