WESTERN KENTUCKY UNIVERSITY

RN to BSN Program

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | **PLEASE PRINT** | | | | | | |
| Last Name | | | First | | | M.I. | Date |
| Street Address | | | | | | | |
| City | | | State | | | ZIP | |
| Cell Phone | | | E-mail Address | | | | |
| Home  Phone | | WKU  Student ID | | | | County of Residence | |
| Where did you obtain your Nursing Degree? (Institution name, city, state) | | | | | How did you hear of our program? | | |
| Date of Graduation: | | | Place of employment: | | | | |
| Have you successfully completed NCLEX? | YES | | NO | If no, when do you plan to take NCLEX? | | |  |
| Have you ever applied to WKU RN to BSN program? | YES | | NO | If yes, when? | | |  |
| Have you taken ANY WKU RN to BSN Nursing Courses | YES | | NO | If yes, list: | | |  |
| Which semester/year are you applying for?    I am applying for: Full-time | **Spring 20**\_\_\_\_\_\_\_ **Summer 20**\_\_\_\_\_\_\_\_\_\_ October 1st deadline for Spring Admission March 1st deadline for Summer Admission  **Fall 20**\_\_\_\_\_\_\_\_\_ July 1st deadline for fall Admission  Part-time | | | | | | |

|  |  |
| --- | --- |
| **APPLICANT INFORMATION** | |
| All applicants must be officially admitted to WKU before your nursing application can be considered for admission. For WKU admission, please contact the office of admissions at 270-745-2551 or you may apply online at: [www.wku.edu/admissions.](http://www.wku.edu/admissions)  It is the responsibility of the APPLICANT, not the School of Nursing, to see that all required credentials are submitted to this office by the deadline dates. Your application will not be considered unless all records are complete. | |
| Before the accepted nursing student can enroll in Nursing all students must submit a Criminal Background Check, Medical History, Physical Exam, TB skin test, evidence of a TD within the last 10 years, proof of Hep. B series, a positive Hep B titer or a signed declination form, Mumps, Measles, Rubella and Varicella Titers, 10-panel urine drug screen, Malpractice Insurance, CPR certification, other clinical agency requirements and hold an unencumbered compact state nursing license. | |
| **SIGNATURE** |  |
| **DATE** |  |
| I hereby affirm that all information supplied in this application is complete and accurate. I understand that withholding or giving false information, in whole or part, will make me ineligible for admission to the School of Nursing or ineligible to continue if admission has been granted on the basis of such information. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | |
| WKU does not discriminate on the basis of race, color, national origin, sex, disability, age, or sexual orientation with regards to its program of activities.  The following information is voluntary and used for statistical purposes only. It is NOT used in making admission decisions. | | | |
| Gender | Female | Male | Date of Birth: |
| US Citizen | Yes | No | Race |

Revised February 2025