



Texas A&M University-Texarkana
Application for Admission to the BSN
Program: RN to BSN Track

Name (Mr., Mrs., Miss, or Ms.) _____ Date _____
Last First MI

Address: _____
No./Street/Appt. City State/Zip

_____ Area code/Ph. Cell # Work # Email

Age: _____ Gender _____ Race _____ Are you Hispanic/Latino? Yes _____ No _____ .

1. Are you a RN? Yes _____ Graduation date _____ No _____ Testing Date _____

2. I want to be admitted into nursing course: Fall 201 _____.

3.. I have completed all required lower division courses.
 _____ Yes
 _____ No, I will enroll for the last of these courses: Semester _____

I lack the following courses: _____

4. I have been enrolled in a BSN program before that I did not complete. Yes _____ No _____

If YES, reason for leaving _____

Name/Address of program _____

Are you eligible for re-instatement? Yes _____ No _____

An explanatory letter from the previous program director is attached. Yes _____ No _____
(Must be received prior to deadline for application)

5. Are you currently employed? Yes _____ No _____

If YES, employer's name _____

Are you currently employed in nursing? Yes _____ No _____

If YES, are you employed Part time _____ Full time _____

6. Submit proof of:
- Current CPR for Health Providers Certifications
 - Liability insurance – 1,000,000 each claim and 6,000,000 aggregate limits (this is individual professional liability insurance – not the insurance provided by your employer).
 - Required immunizations (See Applicant Checklist)
 - Negative drug screening
 - Personal health insurance
 - Reference letter
 - Background check

Submit application and supporting documentation to nursing@tamut.edu or 903-334-6630 (Fax).

(Office use only. Dates: Application received _____ Prerequisites finished _____)