



**College of Nursing
Bachelor of Science in Nursing
Application For
RN-BSN & RN-BSN/MSN Pathways**

APPLICATION FOR ADMISSION TO THE PROFESSIONAL COMPONENT

Name of Applicant _____

Personal Email (required): _____

Home Phone _____ Work Phone _____ Cell Phone _____

Street/P.O. Box _____ City _____ State _____ Zip Code _____

Are you in the United States Military or a U.S. Veteran? No Yes

Indicate below the semester & year you wish to enter the Professional Component:

RN-BSN designation is for an applicant who is currently a licensed Registered Nurse, seeking the Bachelor of Science Degree. To be eligible for the RN-BSN Pathway, the applicant must have completed all the required prerequisite courses and have a minimum GPA of 2.50, as calculated on all required prerequisite courses. Applicants must also have a minimum cumulative GPA of 2.0 on all college coursework attempted.

RN-BSN/MSN designation is for an applicant who is currently a licensed Registered Nurse, seeking the Bachelor of Science Degree. To be eligible for the RN-BSN/MSN Pathway, the applicant must have completed all the required prerequisite courses and have a minimum Prerequisite GPA of **2.50**. In addition, a minimum Cumulative GPA of **3.0** is required on all academic course work completed at all institutions attended, including repeated courses.

<u>Program Selection</u>	<u>Semester Selection</u>	<u>Year of Admission</u>
RN-BSN Pathway	Fall applicant	Year
RN-BSN/MSN Pathway	Spring applicant	Year
	Summer applicant	Year

Educational History

List all educational institutions you have attended since high school. Please Note: Applicants may not disregard any part of their educational history. Failure to report all institutions previously attended will be cause for cancellation of the admissions process and/or dismissal from the University.

<u>Name of Institution</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree Awarded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Are you currently enrolled at any college or university? Yes No

If yes, list this College _____

Do you have any missing nursing prerequisite courses? Yes No

List below all the college courses you are currently taking at this college. Additionally, you must list (by semester) all college courses that you plan to complete before you will begin the Professional Component at the USA College of Nursing to earn your BSN:

Name of Institution	City/State	Dates Attended	Courses

Work Experience

Name of Institution/Employer	City/State	Dates of Employment

Applicant's Signature _____ Date _____

Required Nursing Application Fee: All applicants must include a \$50.00 check, made payable to USA College of Nursing.



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Current RN License to Practice

Name as listed on your RN license _____

List the State(s) in which you are licensed to practice: _____

License Number: _____

Expiration Date: _____

Note: Students that are officially admitted to the Professional Component by the USA College of Nursing will then be required to provide a copy of their current RN License to your Castle Branch account. All admitted students are required to create an account with Castle Branch, to submit proof of all Clinical Health requirements. Admitted students will execute the required Background Check and Drug Screening as part of the Castle Branch profile.

Applicant's Signature _____ **Date** _____

Mail your Nursing Application and attach the required \$50.00 Application Fee, made payable to USA College of Nursing to:

**University of South Alabama
College of Nursing
Health Sciences Building, Room 3068
5721 USA North Drive
Mobile, Alabama 36688-0002**