

FAYETTEVILLE STATE UNIVERSITY

DEPARTMENT OF NURSING

BACHELOR OF SCIENCE DEGREE

RN-BSN ADMISSION APPLICATION

APPLICATION DEADLINE

APPLICATIONS MUST BE POSTMARKED BY

July 1st for August admission

November 15th for January admission

Please Print or Type

Last Name	First Name	Middle Name	Maiden
Student ID #	Email Address	Phone Number	Permanent Phone Number
Address	City	State	Zip Code
Desired Admission Semester for Upper Division Nursing Courses:	RN License Number	State	Expiration
Spring _____ Fall _____	_____	_____	___/___/___

DEPARTMENTAL USE ONLY

Nursing Validation Institution: _____

State: _____

GPA: _____

EDUCATIONAL BACKGROUND:

Transcript enclosed	Institution	Location	Dates Attended	Graduation Date	Degree/Major	GPA
Y N						
Y N						
Y N						
Y N						
Y N						
Y N						

I understand my failure to provide complete, accurate, and truthful information on my original application or the addendum will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

I certify that the information I have given on this application is complete and correct.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution, but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution.

Signature

Date

Applicants will be notified by mail of admission decisions.

KEEP THIS PAGE FOR YOUR RECORDS

CHECK LIST

All items below must be submitted in your application packet:

- Completed and Signed Application.
- Copy of your current and unrestricted NC RN License
- Copy of transcripts from all accredited college/universities attended since high school.

*Note: If course credits earned at one college/university appear as transfer credits on the transcript of a second school, an official transcript from **both** schools issuing the course credits is required.*

All application packets must be **COMPLETE** and postmarked by
June 1st for August admission
November 15th for January admission

Under no circumstance should applications be hand delivered.

If you have any questions prior to submitting your application, please contact the RN-BSN Coordinator (910-672-1930). Changes cannot be made to applications that have been submitted.

Please mail your
complete application packet to:

Fayetteville State University
Department of Nursing
Admission, Progression & Retention Committee
1200 Murchison Road
Fayetteville, NC 28301

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