

FAYETTEVILLE STATE UNIVERSITY

SCHOOL OF NURSING

BACHELOR OF SCIENCE DEGREE

RN-BSN ADMISSION APPLICATION

RN-BSN APPLICATION DEADLINE

**FALL Admission – July 1st
SPRING Admission – December 1st**

FSU APPLICATION DEADLINE

**FALL Admission – July 1st
SPRING Admission– December 1st**

Admission into the RN-BSN program is contingent upon admission into the university.

Please Print or Type

Last Name		First Name		Middle Name		Maiden	
FSU Banner Student ID #			Phone Number			Email Address	
Address			City		State	Zip Code	
Desired Admission Semester for Upper Division Nursing Courses:			RN License Number		State	Expiration	
Spring _____		Fall _____	_____		_____	____/____/____	
Current employer and address:							

EDUCATIONAL BACKGROUND:

Transcript enclosed	Institution	Degree/Major

Official transcripts only must be submitted to the Admissions Office as a part of your university application. Additional copies do not need to be sent to the School of Nursing.

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. Admission to the RNBSN program is secondary and contingent on acceptance to the university.

The following information will be used for
Statistical Purposes Only and your response is optional.

DATE OF BIRTH

____ / ____ / ____
Month Day Year

BIRTH PLACE

City _____ State _____

GENDER

____ Male ____ Female

**ETHNIC
BACKGROUND**

____ African American
____ Caucasian
____ Hispanic/Latino
____ American Indian/Alaskan
____ Asian American/Pacific Islander
____ Other: _____

**ENGLISH AS A
SECOND LANGUAGE**

____ YES ____ No

**IF YES, PLEASE INDICATE
NATIVE LANGUAGE:**

U.S. CITIZEN

____ YES ____ No

VETERAN

____ YES ____ No

Branch: _____

AMEDD APPLICANT

____ YES ____ No

MECEP APPLICANT

____ YES ____ No

ACTIVE DUTY

____ YES ____ No

RESERVIST

____ YES ____ No

Fayetteville State University is committed to equality of educational opportunity and does not discriminate against applicants, students or employees based on race, color, national origin, religion, gender, age or disability. Moreover, Fayetteville State University values diversity and actively seeks to recruit talented students, faculty, and staff from diverse backgrounds.

KEEP THIS PAGE FOR YOUR RECORDS

CHECK LIST

All items below must be submitted in your application packet:

- Completed and Signed Application.

All application packets must be **COMPLETE** and postmarked by
July 1 for August admission
December 1 for January admission

Please ensure you have successfully applied to the university.

If you have any questions prior to submitting your application, please contact the main office (910-672-1924).

The application can be mailed to the address below.

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

The application can also be faxed to 910-672-1077.

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