

**RESEARCH COLLEGE OF NURSING**  
**Application for Accelerated Bachelor of Science in Nursing Option**  
**\$25 application fee required**

PLEASE READ INSTRUCTIONS. TYPE OR PRINT.

I plan to enroll in the accelerated class beginning \_\_\_\_\_.  
Year

**Name**

\_\_\_\_\_  
Last First MI Preferred First Name

[ ] Male [ ] Female

\_\_\_\_\_  
Additional last Name(s) which may appear on transcripts

**Address**

\_\_\_\_\_  
(Permanent) Street City State Zip

\_\_\_\_\_  
(Mailing) Street City State Zip

\_\_\_\_\_  
E-Mail Address

**Telephone**

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home School or Business In case of emergency

\_\_\_\_\_  
Birthplace City, State/Country Age Date of Birth Social Security Number

**Status**

\_\_\_\_\_ [ ] Permanent Resident of USA [ ] Not a Permanent Resident  
Country of Citizenship

Visa Status [ ] F-1 [ ] J-1 [ ] None [ ] Other \_\_\_\_\_

Is English your first language Yes \_\_\_\_\_ No \_\_\_\_\_

Test of English as a foreign language (TOEFL) will be required for international students.

Have you even been:

Dismissed from any school?	Yes	No
Convicted of a felony?	Yes	No
Other than honorably discharged from any branch of the U.S. military?	Yes	No

**References**

**PLEASE GIVE FULL NAME, ADDRESS AND POSITION OF YOUR TWO REFERENCES:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

Organization \_\_\_\_\_

## ACADEMIC INFORMATION

**College/  
University  
Information**

List in chronological order all colleges: (A) from which you hold a degree, or (B) at which you have taken undergraduate courses, or (C) at which you have taken any graduate courses (other than extension courses). Request each college or university to forward official transcripts directly to the Student Affairs Office. All transcripts must be on file before your application will be processed.

Name of Institution	State	Attendance Dates	Degree/Undergrad Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever applied to Research College of Nursing ?    Yes    No   Year applied \_\_\_\_\_

Have you ever attended Research College of Nursing?    Yes    No   Years attended \_\_\_\_\_

## ADDITIONAL INFORMATION

**Employment  
Record**

Please list any full-time position(s) you have held (do not include summer jobs). Start with your present position.

Position _____	Company _____
City & State _____	Dates MO/YR to MO/YR _____
Position _____	Company _____
City & State _____	Dates MO/YR to MO/YR _____
Position _____	Company _____
City & State _____	Dates MO/YR to MO/YR _____

Please indicate any part-time or summer jobs you have held.

Position _____	Company _____
City & State _____	Dates MO/YR to MO/YR _____ Hrs PerWeek _____
Position _____	Company _____
City & State _____	Dates MO/YR to MO/YR _____ Hrs PerWeek _____

**Military  
Record**

Branch of Service _____	Dates MO/YR to MO/YR _____	Rank at Entry _____
Rank at Separation _____	If not separated, Current Rank _____	
Military Awards or Honors _____		

**Professional or Community**

List activities, honors, awards earned. Use extra sheets of paper if necessary.

Organization or Activity	Offices held, Special recognition, Awards, Duties
Organization or Activity	Offices held, Special recognition, Awards, Duties
Organization or Activity	Offices held, Special recognition, Awards, Duties
Organization or Activity	Offices held, Special recognition, Awards, Duties

**Hobbies or Special Interests**

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**OPTIONAL STATISTICAL INFORMATION**

**This information will not be used in, nor in any way effect, the admissions decision.** After a decision is made, however, certain facts may prove helpful in reporting institutional statistics to the Office of Education, and in recognizing needs in planning. Your **voluntary** provision of this data is most appreciated.

**Ethnic Background**  
(US citizens/permanent residents only)

<input type="checkbox"/> American Indian or Eskimo	<input type="checkbox"/> Asian-American, Pacific Islander	<input type="checkbox"/> African-American/Black
<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican American/Chicano	<input type="checkbox"/> Latin/Central American or
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hispanic

**Religious Preference**

Catholic  Hindu  Islamic  Jewish  LDS  Protestant  Other \_\_\_\_\_

**Disabilities**

None  Hearing  Mobility  Sight  Learning  Other \_\_\_\_\_

**Relatives who have attended or worked at Research College**

RELATIONSHIP	DATES OF ATTENDANCE/EMPLOYMENT
_____	_____
_____	_____
_____	_____

**PLEASE LIST OTHER SCHOOLS TO WHICH YOU ARE APPLYING:**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

I AM:  Single  Married  Separated  Divorced  Other : \_\_\_\_\_

