

EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF BACCALAUREATE & GRADUATE NURSING

APPLICATION TO ENROLL IN RN-BSN NURSING PROGRAM

To be completed by all students seeking admission to the RN-BSN nursing program.

Please return:

- **Fully completed application**
- **Copy of your current KY RN License**
- **Copy of your transcript(s)**

Application deadline if May 1 for summer and August 1 for fall enrollment.

Name: _____ Social Security/ID number: _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-Mail Address: _____

Institution where Associate Degree in Nursing was obtained:

Cumulative GPA _____ Date of graduation: _____

KY RN License # _____

Please complete the following:

1. Preferred RN-BSN site for ITV class attendance:

___Richmond ___Corbin ___Danville ___Manchester ___Hazard

2. Enrollment term and year: _____ / _____
Semester Year

3. Do you have a degree in an area other than nursing? If so, please list the degree and major.

Student Signature: _____ Date: _____

*Please fax or mail this form, along with a copy of your current RN License and transcripts to
FAX: 859-622-1972 or mail to ECU, Baccalaureate and Graduate Nursing, 521 Lancaster Avenue, Rowlett 223 ,
Richmond, KY 40475 Attention: Angie Wheeler.