



College of Sciences and Health Professions  
DEPARTMENT OF NURSING

## UNDERGRADUATE PROGRAM

### FALL ADMISSION

Phase I Application Deadline: **March 25**

Phase II Application Deadline: **May 15**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
*Last Name First Name MI*

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Ram ID: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone(s): \_\_\_\_\_  
*Cell Home Work*

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*List ALL Colleges & Universities Attended*

College/University Name	Location	Dates Attended	Degree Obtained	RN License	
				Yes	No
				Year Attained	

Total Credit Hours Completed: \_\_\_\_\_

TEAS Exam Score: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Study:      Generic BSN ☐      Second Degree ☐

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_