

APPLICATION FOR ADMISSION TO THE RN-BSN COMPLETION PROGRAM

Please return to:
MIAMI UNIVERSITY
Department of Nursing
1601 University Boulevard
Hamilton, OH 45011-3399

Today's Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Name \_\_\_\_\_
Last First Middle Previous Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

May we contact you at your work if necessary? Phone \_\_\_\_\_ / \_\_\_\_\_

Ethnic Origin (optional):

Am. Indian or Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_
Asian or Pacific Islander \_\_\_\_\_ White, other than Hispanic \_\_\_\_\_
African American \_\_\_\_\_

Basic Nursing Education:

ADN or Diploma \_\_\_\_\_ Place \_\_\_\_\_ Year Graduated \_\_\_\_\_

Have you ever attended Miami University? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking college course work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

Have you ever taken courses at any other college/university? List all colleges/universities.

\_\_\_\_\_
\_\_\_\_\_

Employment experience in nursing, starting with most recent position held.

Place Position Held Dates
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

List of professional organizations to which you belong and certifications currently held

\_\_\_\_\_
\_\_\_\_\_

Do you hold a college degree from another discipline? If yes:

Name of degree and date attained: \_\_\_\_\_