Note: No appointments will be scheduled without first submitting this form along with transcripts.

Second Degree BSN

THE UNIVERSITY OF AKRON

SCHOOL OF NURSING OFFICE OF STUDENT SUCCESS AKRON, OH 44325-3701

http://www.uakron.edu/nursing/

Please print (Must be filled out and returned) Date _____

_____
First Name M.I. Last Name Maiden

_____
Street Address City State Zip

Social Security or University of Akron ID Number _____

Telephone: _____
(Home) (Work) (Cell)

Email: _____

How did you hear about our program?

□ Magazine _____ □ Radio _____
□ Newspaper _____ □ TV _____
□ HS Visit _____ □ Other _____
□ School/Job Fair_____

High School Attended: _____Year Graduated _____

Are you a current UA Student? □ **Yes** □ **No**

I would like to attend: □ **Full Time** □ **Part Time**

I intend to enter UA (check term and fill in year):

□ **Fall Semester 20___** □ **Spring Semester 20___** □ **Summer Session 20___**

I intend to pursue: □ **Basic BSN** □ **Accelerated BSN*** □ **RN/BSN**
□ **LPN/BSN** □ **RN/BSN** □ **MSN**

*Please note: The Accelerated BSN begins in summer and is full time.

I am attending/have attended the following Schools (copies of transcripts attached):
(use back of form if additional space is required)

_____
School **Degree** **GPA**

_____
School **Degree** **GPA**

In Ohio, it is necessary to gather the following information:

Have you ever been convicted of a felony? □ Yes □ No

Have you had any professional license, certificate or registration limited or revoked in any state? □ Yes □ No

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Office Use Only
Date Entered_____
Entered By:_____