

**UNIVERSITY OF SOUTH CAROLINA BEAUFORT
DEPARTMENT OF NURSING
BACCALAUREATE PROGRAM
APPLICATION FOR RN to BSN PROGRAM**

DATE _____, 20 _____

NAME _____
Last First Middle

OTHER NAMES UNDER WHICH YOUR RECORD MAY BE LISTED: _____

PRESENT ADDRESS _____
Street City State Zip Code

COUNTY _____

TELEPHONE NUMBER (Home) _____ (Cell) _____
Area Code Area Code

E-MAIL ADDRESS _____

PERMANENT ADDRESS _____
(if different from above) Street City State Zip Code

COUNTY _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ GENDER: F ____ M ____
Month Day Year

ARE YOU CURRENTLY ENROLLED AT USC Beaufort? Yes No

(if yes) Date of last enrollment at USC Beaufort _____

- (if no)
1. Request that official transcripts from all previous colleges be sent to USC Beaufort Admissions Office
 2. Submit application to USC Beaufort;
 3. If at a campus of USC other than USC Beaufort, submit a change in campus form.

EDUCATIONAL PREPARATION

List colleges or universities attended for credit

Name of Institution	City and State	Date of Entrance	Date of Leaving	Currently Enrolled	Degree or Diploma

List courses you are presently taking.

Course	Semester

When do you plan on completing any remaining prerequisites? _____
Semester / Year

List prerequisite courses needed

WHEN DO YOU ANTICIPATE BEGINNING THE NURSING COURSES? Month _____ Year 20____

DO YOU HAVE A CURRENT RN LICENSE? Yes No (if yes, attach a copy)
(South Carolina RN License is required)

If no, when do you anticipate obtaining a South Carolina license? _____

EMPLOYMENT

Where are you currently employed? _____

What is your current job title? _____

Using Attachment A, please provide a written statement (150 – 250 words) explaining your goals and reasons for pursuing BSN education.

Please provide one current letter of reference from an immediate supervisor. The reference form can be downloaded from the USCB website (www.USCB.edu)

ADDITIONAL BACKGROUND INFORMATION (Optional)

The following optional questions are intended to help determine if USC Beaufort is adequately reaching underrepresented groups. Your response (or lack thereof) will not impact your chances for gaining admission. Please check the appropriate response. All information in reference to following question will be kept confidential.

What is your ethnic background?

- White Black / Non Hispanic Hispanic
 Asian / Pacific Islander American Indian/ Alaskan Native Other

Please be aware that students with disabilities are assisted through the Office of Disability Services and must register with that office if accommodations are needed. Refer to the USC Beaufort Catalog, USC Beaufort Student Handbook, and the Baccalaureate Nursing Student Handbook.

I certify that the above information is true and complete to the best of my knowledge.

DATE: _____ STUDENT SIGNATURE: _____

The University of South Carolina Beaufort provides equal opportunity and affirmative action in education and employment for all qualified persons regardless of race, color, religion, sex, national origin, age, disability or veteran status.

RETURN COMPLETED APPLICATION AND SEALED REFERENCE AS A PACKET TO:

**Chair, Nursing Department
University of South Carolina Beaufort
One University Blvd.
Bluffton, SC 29909**

ATTACHMENT A

In the space below, please write a statement about your desire to achieve a BSN degree. We would like to understand your goals and plans for pursuing this degree. Be as specific as possible within the 150-250 word limit.