

WESTERN KENTUCKY UNIVERSITY

RN to BSN Program



Mail with check or money order for a one-time application fee of \$30 to:

1906 College Heights Blvd. 11036
Bowling Green, KY 42101-1036

APPLICANT INFORMATION		PLEASE PRINT	
Last Name	First	M.I.	Date
Street Address			
City	State	ZIP	
Cell Phone	E-mail Address		
Home Phone	WKU Student ID	County of Residence	
Where did you obtain your Nursing Degree? (Institution name, city, state)		How did you hear of our program?	
Date of Graduation:		Place of employment:	
Have you successfully completed NCLEX? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, when do you plan to take NCLEX			
Have you ever applied to WKU RN to BSN program? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?			
Have you taken ANY WKU RN to BSN Nursing Courses YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list:			
Which semester/year are you applying for?		Fall 20_____	
Spring 20_____		February 15 th deadline for Fall Admission	
September 15 th deadline for Spring Admission			
I am applying for: Full-time _____ Part-time _____			

APPLICANT INFORMATION	
<p>All applicants must be officially admitted to WKU before your nursing application can be considered for admission. For WKU admission, please contact the office of admissions at 270-745-2551 or you may apply online at: www.wku.edu/admissions.</p> <p>It is the responsibility of the APPLICANT, not the School of Nursing, to see that all required credentials are submitted to this office by the deadline dates. Your application will not be considered unless all records are complete.</p> <p>Before the accepted nursing student can enroll in Nursing all students must submit a Criminal Background Check, Medical History, Physical Exam, TB skin test, evidence of a TD within the last 10 years, proof of Hep. B series, a positive Hep B titer or a signed declination form, Mumps, Measles, Rubella and Varicella Titers, 10-panel urine drug screen, Malpractice Insurance, CPR certification and hold a valid Kentucky nursing license.</p>	
SIGNATURE	
DATE	
<p>I hereby affirm that all information supplied in this application is complete and accurate. I understand that withholding or giving false information, in whole or part, will make me ineligible for admission to the School of Nursing or ineligible to continue if admission has been granted on the basis of such information.</p>	

PERSONAL INFORMATION	
<p>WKU does not discriminate on the basis of race, color, national origin, sex, disability, age, or sexual orientation with regards to its program of activities.</p> <p>The following information is voluntary and used for statistical purposes only. It is NOT used in making admission decisions.</p>	
Gender _____Female _____Male	Date of Birth:
US Citizen _____Yes _____No	Race