



**Minot State
UNIVERSITY**

Department of Nursing

**Application for Admission
to the Nursing Major for the
RN to BSN Online Program**

Application for: Fall or Spring _____
(Circle one) (Year)

Student ID # _____

Full Name: _____
Last First Middle Maiden

Permanent Address: _____
(Home or parent's mailing address) Street City State Zip Code

Telephone: () _____ permanent

Present Mailing Address: _____
(Mailing address while attending MSU if different from permanent address.)

Telephone: () _____ current Date of Birth: _____

Present E-mail Address: _____

School where you obtained your RN degree:

Name	Location	Date

Please submit the following to the Minot State departments indicated:

- A. A copy of your RN Nursing License with Nursing License Number to the Department of Nursing.
- B. Official transcripts from all universities attended sent to the MSU Records Department. (Be sure degree is posted on appropriate transcript.)
- C. A copy of your current AHA (American Heart Association) CPR Basic Life Support "C" (BLSC) (CPR) certification
- D. Submit application fee of \$25 payable to Minot State University along with application.
- E. List all previous colleges/universities attended: _____

Your signature below indicates your understanding and acceptance of the accompanying information about the nursing major at Minot State University and that you believe you have the academic and professional commitment necessary to be a baccalaureate nursing education student.

Signature of Applicant Date