

**School of Nursing
100 Elliff Hall
Jefferson City, MO 65102-0029
573-681-5421**

RN-BSN ADMISSION FORM

I. BIOGRAPHICAL INFORMATION

Student I.D.# _____

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street)

(City) (State) (Zip)

E-mail Address _____

Local Phone Number: _____ CELL _____

Person to Contact in Emergency: _____ Relationship: _____
Address and Telephone: _____

II. PREVIOUS WORK AND EDUCATIONAL EXPERIENCE:

Please list any work experience you have had, beginning with your present or most recent employment.

Employer (Include Address)	Position	Dates	Reason For Leaving

Please list education experiences post-high school, beginning with your current or most recent education and including your basic nursing education:

School	Dates	Area of Emphasis	Hours Earned or Degree Received

MISSOURI LICENSE #

EXPIRATION DATE:

I attest that the information provided is correct and that I have not knowingly falsified or omitted any information pertinent to my suitability for the profession of nursing. I understand that falsification or omission of information could prevent admission into the program or result in dismissal from the program. I hereby give permission for the School of Nursing to contact my references and/or employers or schools listed above.

Signature

Date

LINCOLN UNIVERSITY
SCHOOL OF NURSING
RN-BSN PROGRAM

STUDENT I.D.# _____ ADVISOR: _____

STUDENT NAME ON RECORDS _____
(LAST) (FIRST) (MIDDLE)

PRESENT MAILING ADDRESS _____

CITY, STATE, ZIP _____

LOCAL PHONE NUMBER _____ EMERGENCY PHONE _____

CELL PHONE _____ EMAIL: _____

BASIC NURSING EDUCATION:

SCHOOL:

LOCATION:

DATE OF GRADUATION

R.N. _____ LICENSE # _____ STATE

ADDRESS/PHONE # UPDATES: _____

Lincoln University School of Nursing RN-BSN Completion Program - Advisement Worksheet

Student _____ Advisor _____

STUDENT I.D.# _____ Date enrolled _____

GENERAL EDUCATION REQUIREMENTS	Transfer credit	Enrolled	Grade
Area 1 Communications (9)			
ENG 101 _____			
ENG 102 _____			
SPT 206 (speech) _____			
Area 2 Mathematics (3) Math 112 or higher			
MAT 117 (statistics) _____			
MAT 111 prerequisite _____			
Area 3 Wellness (1) PED 111 waived for nursing majors			
Area 4 Life & Physical Sciences (16)			
BIO 208 (A & P; 5) _____			
BIO 301 (micro; 4) _____			
CHM 103 (3 or 4) _____			
Other (3 or 4) _____			
Area 5 Social & Behavioral Sciences (12)			
A. HIS 205 or 206 (3) _____			
OR			
PSC 201, 203 or 204 _____			
B. HIS 101 or 102 (3) _____			
C PSY 101 (3) _____			
D Other: choose from below (3) _____			
S/A 201, S/A 202, SOC 301, ECO 201*			
Area 6 Humanities/Fine Arts (7)			
<i>Select two courses from two different academic disciplines: literature, philosophy, art appreciation, music appreciation, or theatre Choose from: Any Lit/Phi course numbered below 400, Any French or Spanish course numbered 204 or higher, ART 100, ART 330, ART 331, BS 200, MUS 200, MUS 205, SPT 209*</i>			
A. Class 1 _____ (3) _____			
B. Class 2 _____ (3) _____			
Area 7 Diversity (3)			
CD 200 (3) _____			
Area 8 International Cultural diversity (3)			
Choose from (3 each)			
ANT 311, ANT 411, BS 200, BAD 215, ENG 320, ENG 330, ENG 340, EDU 260, any FRE or SPA, HIS 101, HIS 102, HIS 203, PHI 201, PHI 208, PSC 440, PSC 460, S/A 202, NUR 335			
Area 9 Activity PE (1)			
Students who are veterans, have a disability, or are 35 yr. or older are exempt from the activity PE requirement.			
Area 10 General Education (1)			
GE 101 (seminar) _____			

***For BSN need 8 hrs of courses numbered 300 or above.**

NURSING REQUIREMENTS (32)

	Transfer credit	Enrolled	Grade
NUR 310 Concepts of professional nursing (3)			
NUR 320 Health Assessment I (2)			
NUR 321 Health Assessment II (2)			
NUR 350 Pathophysiology (3)			
NUR 360 Intro to Nursing Research (3)			
NUR 420 Leadership & Management (3)			
NUR 430 Professional Nursing Practice (5)			
NUR 460 Legal & Ethical Issues (3)			
NUR 470 Community Health/Practicum (5)			
Nursing elective (3)			

UPPER DIVISION REQUIREMENT (8)

(in addition to nursing courses) Course/number	Credit Hrs.	Transfer credit	Enrolled	Grade

School of Nursing
ANECDOTES

DATE: _____

STUDENT: _____