

**DEPARTMENT OF NURSING**  
COLLEGE OF HEALTH & HUMAN SERVICES

**Southeast RN TO BSN Track**  
**ADMISSION APPLICATION**  
*(Applications accepted until class is filled)*

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
SEMO student ID number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Street/Route

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Hours at home

\_\_\_\_\_  
E-Mail Address:

**Past Education:**

All Colleges/Universities/Schools of Nursing Attended:

\_\_\_\_\_  
**Highest diploma/degree earned:**

( ) Diploma \_\_\_\_\_ ( ) Associate \_\_\_\_\_ ( ) Baccalaureate \_\_\_\_\_  
Year Year/Major

Were you ever enrolled at Southeast Missouri State University? ( ) Yes; Dates \_\_\_\_\_ ( ) No

Total University Credit hours completed to date: \_\_\_\_\_

*Personal data is important in determining the effectiveness of efforts related to the provision of equal educational opportunity. For this reason, it is required. The providing of this information is optional and will not be used in determining admission status.*

Sex (M-Male, F-Female): \_\_\_\_\_ Are you Hispanic/Latino? [ ] Yes [ ] No

If you are not Hispanic/Latino, please indicate your race: [ ] American Indian or Alaskan Native

[ ] Asian, [ ] Native Hawaiian or Other Pacific Islander, [ ] Black or African American, [ ] White,

[ ] 2 or more, please list: \_\_\_\_\_

**IMPORTANT:** The following must be in the Department of Nursing's applicant file before consideration for acceptance to the RN to BSN Program can occur:

1. Southeast Missouri State University Detailed Degree Audit.
2. Resume (professional work as a registered nurse).
3. Current RN license in the state nursing is practiced.

**Return application to: Southeast Missouri State University, Department of Nursing(MS8300),  
One University Plaza, Cape Girardeau, MO 63701  
OR fax to 573-651-2142**