

APPLICATION

B.S.N. PROGRAM (PROFESSIONAL CURRICULUM)



Applying for: 4-year B.S.N. (not yet licensed R.N.) R.N.-B.S.N. (already have A.D.N./nursing diploma) Second Degree

Applying for: Semester _____ Year _____ Full time Part time
Fall or Spring

Name _____ Social Security No. _____
Last (family name) First Middle

Home address _____
Number and Street (include apt. no.) City County State Zip

Lexington address _____
Number and Street (include apt. no.) City County State Zip

Address after May 15 _____
Number and Street (include apt. no.) City County State Zip

Home phone (____) _____ Lex. phone (____) _____ Phone after May 15 (____) _____

E-mail address _____ Birthdate ____/____/____

Sex (optional) Male Female High School _____ County/State _____

Please identify your ethnic background. Although this information is voluntary, it is requested to fulfill reporting obligations of the University. Information will be confidential.

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black, Non-Hispanic | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Mexican-American | |
| <input type="checkbox"/> Asian-Vietnamese | <input type="checkbox"/> Puerto Rican | |

Colleges attended (Begin with the most recent.)

Name and location of institution	Dates of attendance	Major/Degree(s) earned

Employment (Begin with the most recent.)

Employer	Address/Phone	Position	Dates of employment

If there are any extenuating circumstances that had an impact on your academic performance, you may explain them in the space below:

Students admitted to the College of Nursing must meet the technical standards for clinical performance. Please review the standards at <http://www.mc.uky.edu/Nursing/academic/application/TechStandards.htm>.

Individuals who have a felony conviction are not eligible for placement in clinical courses and so cannot be admitted. All students who are admitted will be required to complete a criminal background check before final acceptance is granted.

Signature Required

I certify that the information given in this application is complete and accurate and I understand that the University reserves the right to deny admission or revoke any admission granted if the information provided herein proves to be untruthful. I also understand that the submission of fraudulent academic or personal records for any purpose shall be cause for dismissal from the College of Nursing. If admitted, I agree to comply with the regulations of the University. Additionally, I certify that I have read the technical standards and am capable of performing at the levels specified there.

The University of Kentucky is committed to a policy of providing educational opportunities to all academically qualified students regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.

Signature _____ Date _____

FOR OFFICE USE ONLY

Application Materials Received

- DB entry
- transcript(s)
- schedule
- R.N. license
- Second Degree written statement
- RN goal statement
- CNA