

**University of Arkansas at Little Rock
Department of Nursing**

RN-BSN Completion Program Application 2011/2012

Return completed application form to: UALR/ Department of Nursing
2801 South University Avenue
Little Rock, Arkansas 72204
Fax to 501-371-7546
Phone 501-569-8081

University of Arkansas at Little Rock, Department of Nursing (UALR/DON) offers an innovative RN-BSN completion program enabling working registered nurses to seek an advanced degree. To start, complete this form by hand, submit this completed application form with items 1-3 to: Ms Lee Bailey, UALR, Department of Nursing. Please call and confirm receipt of your completed application, an advising appointment for your plan of study will be scheduled.

Name: _____ RN State & License # _____

SS#: _____ UALR T#: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ (W #) _____ (C #) _____

Email: _____

Place of Employment: _____

List all colleges/universities you have attended:

School graduated from (circle one) associate or diploma program in year _____

I am applying to RN- BSN program to be admitted in Year _____; during the (circle one) Fall or Spring semester

Application Process (Items 1- 3 must be included or the application **will not** be processed):

1. _____ Submit unofficial transcripts from all colleges and/or universities attended with this application form
2. _____ Copy of current, unencumbered RN license. Recent (graduated the semester immediately prior to request for BSN entry) associate degree or diploma graduates must submit evidence of NCLEX-RN test date and temporary license
3. _____ If you are not a recent graduate submit proof of full or part time employment as a Registered Nurse from your place of employment

I certify that all information is true and correct. I understand that withholding or submitting inaccurate information may make me ineligible for admission, enrollment, and subject to administrative withdrawal.

SIGNATURE: _____ DATE: _____