

## Admissions Process

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- \_\_\_A. Complete the RN-BSN Program Application below and submit to the Nursing Admissions Coordinator at nursing@puc.edu
- \_\_\_B. Submit all official high school and/or college transcripts to the Admissions Department at admissions@puc.edu. Transcripts must document the successful completion of an AS degree in nursing and required cognates. Records Office staff review transcripts to determine appropriate credit.

*Notification of admissions committee decision will be in writing from the Department of Nursing & Health Sciences.*

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PUC Department of Nursing & Health Sciences  
 Bachelor of Science Degree in Nursing Program  
 APPLICATION FORM - Part A

Campus \_\_\_\_\_ Online \_\_\_\_\_  
 Anticipated Enrollment Date  Fall  Winter  Spring Year \_\_\_\_\_  
 Preferred Enrollment Status  Full-time  Part-time (see guidelines for FT vs PT admission)

PLEASE TYPE OR PRINT ALL INFORMATION

PUC Student ID# \_\_\_\_\_

Last Name		First Name		Middle Name	Previous Names (Including Maiden)	Religious Affiliation
Sex	Marital Status	Date of Birth		RN License Number	Social Security Number	
M F	S M					
Home/Permanent Mailing Address				School Mailing Address (if living away from home)		
Street				Street		
City, State, ZIP				City, State, ZIP		
Telephone (including Area Code) <input type="checkbox"/> Residence <input type="checkbox"/> Mobile				Telephone (including Area Code) <input type="checkbox"/> Residence <input type="checkbox"/> Mobile		
Email Address				PUC Email Address -required		
Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserves <input type="checkbox"/> GI Bill/Rehab <input type="checkbox"/> Spouse/Dependent <input type="checkbox"/> Civilian						
Ethnic and Race Group (used for statistical purposes only) Please mark at least one in each group						
Ethnicity (select one)		Race (select one or more)				
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> American/Alaskan Native		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
Educational Background						
School Name, Location				Dates Attended and Degree Received		
Academy/High School						
College						
College						
College						
College						

Emailed or faxed application forms are NOT acceptable.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

PUC Department of Nursing & Health Sciences  
Bachelor of Science Degree in Nursing Program  
APPLICATION FORM - Part B (cont.)

PLEASE TYPE OR PRINT ALL INFORMATION

Name \_\_\_\_\_  
PUC Student ID# \_\_\_\_\_

Professional Experience/Work Experience (list most current first)

1.	_____	_____	_____
	Facility	Address	Telephone
	_____	_____	_____
	Position		Dates
2.	_____	_____	_____
	Facility	Address	Telephone
	_____	_____	_____
	Position		Dates
3.	_____	_____	_____
	Facility	Address	Telephone
	_____	_____	_____
	Position		Dates
	_____	_____	_____