

## General Information

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### *Pacific Union College is:*

- A Christian liberal arts college
- A fully accredited four-year college
- Ranked among the top ten western regional liberal arts colleges in the *U.S. News and World Report*
- A 200-acre campus that overlooks the beautiful Napa Valley

Pacific Union College has been educating nursing students since 1958 when it first established the Associate of Science degree in Nursing. The RN-to-BSN program began in 1981 at the Los Angeles Campus at the White Memorial Medical Center. The AS degree pre-licensure program is approved by the California Board of Registered Nursing, and both the AS and BSN programs are accredited by the Accreditation Commission for Education in Nursing, INC. (ACEN).<sup>1</sup>

## 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](mailto:nursing@puc.edu)
- \_\_\_ B. Submit all official high school and/or college transcripts to the Admissions Department at [admissions@puc.edu](mailto: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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<sup>1</sup> ACEN, 3390 Peachtree Rd. NE, Suite 1400, Atlanta GA 30326; 404-975-5000. [www.acenursing.org](http://www.acenursing.org)

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

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