

## APPLICATION FOR Summer 2019 ADMISSION

### RN to BSN: Educational Advancement for Registered Nurses (EARN) Program

Applicants must be licensed Registered Nurses who completed a regionally accredited associate or diploma level nursing program who are seeking a Bachelor of Science in Nursing (BSN). Applicants must attain admission into Auburn University at Montgomery before applying to the RN to BSN program. *SAVE completed application with **your name** as the title.*

Email, mail, or fax completed application to [Savannah.stewart@aum.edu](mailto:Savannah.stewart@aum.edu) by **May 15, 2019**.

Mail: Savannah Stewart  
Auburn Montgomery School of Nursing  
P.O. Box 244023  
Montgomery, AL 36124-4023

Scan: [Savannah.stewart@aum.edu](mailto:Savannah.stewart@aum.edu)  
Fax: 334-394-5218

**Select one:**

<input type="checkbox"/>	I am applying for the online RN to BSN: EARN program (Fully Online classes ONLY)
<input type="checkbox"/>	I am accepted into EAMC's on-site RN to BSN: EARN program for summer 2019

#### A. PERSONAL INFORMATION

Legal Last Name *	Legal First Name *	Middle Name	Preferred Name
AUM Student ID # (REQUIRED) *		Registered Nurse License Number*	RN License State*

#### B. CONTACT INFORMATION

##### MAILING ADDRESS –

Number and Street *	Apt.
City *	State *
ZIP/Postal Code *	

##### EMAIL ADDRESSES –

AUM Email *	Personal Email
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##### PHONE NUMBERS

Cell Phone Number *	Alternate Phone Number
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##### EMERGENCY CONTACT

Name *	Phone Number *
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### C. ACADEMIC INFORMATION\*

LIST ALL COLLEGES and UNIVERSITIES YOU HAVE ATTENDED (*Outside of AUM*):

Name of Institution	City, State	Dates attended	Degree earned?

### D. PLAN OF COMPLETION FOR REMAINING CORE COURSE WORK\*:

- Applicants with core course work still in progress **MUST** complete this section.
- If you have completed all core coursework, please write "Complete".

Course Name and Number	Intended Semester	Where course will be taken

Total # of core credit hours left to complete: \_\_\_\_\_

What semester do you intend to graduate? \_\_\_\_\_

*This is tentative and does not affect your admission status.*

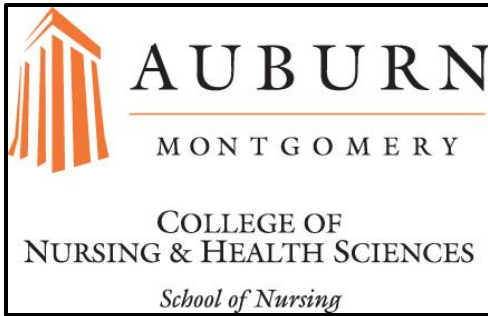
### I UNDERSTAND THAT:

1. This *completed* and signed application is due by **May 15, 2019 at 4:30 PM.**
2. Admission is contingent upon:
  - a. Full admission into Auburn University at Montgomery.
  - b. Completion of core course work with grades of C or higher with no more than six (6) outstanding core courses upon entry.
  - c. Credit of C or higher in English Composition II and a core-level math course at entry.
  - d. Maintenance of a 2.50 GPA or higher on core course work alone.
  - e. Maintenance of an active, unencumbered Registered Nurse licensure by the Board of Nursing.
  - f. Submission of official copies of active BLS certification, immunization records, physical examination, and 2-step TB skin test results to CastleBranch.com is required prior to entry. The submission code is provided upon admission.
3. Information regarding admission status will NOT be given over the phone or personal email.
4. To graduate with a BSN, I must successfully complete the state core curriculum, the 30-semester hour RN to BSN program, and earn no less than 120 undergraduate semester hours.

I certify that the information given in this application is true and complete. By submitting this application, I agree to comply with all Auburn Montgomery and School of Nursing policies, rules, and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Student Demographic Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The School of Nursing considers applicants on the basis of their academic qualifications and does not discriminate in regard to age, sex, race, creed, marital status, or ethnic origin. The information requested below is for compiling data for reports to federal and state agencies and for accrediting associations.

1. **Date of Birth:** \_\_\_\_\_
2. **Gender:** Male  Female
3. **Marital Status:** Never Married  Married  Widowed  Divorced  Separated
4. **Children:** No  Yes  Ages: \_\_\_\_\_
5. **Race/Ethnic Background (please select all that apply):**  
Black or African American  White or Caucasian  Hispanic or Latino   
Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander
6. **Employment Status:** Full Time  Part Time  #hrs./week \_\_\_\_\_ Unemployed
7. **Occupation:** \_\_\_\_\_
8. **Prior Nursing Education:** RN via *Diploma*  Yr. Grad: \_\_\_\_\_ RN via *A.D.N.*  Yr. Grad: \_\_\_\_\_  
LPN  Military  Type of training: \_\_\_\_\_ Other (specify): \_\_\_\_\_
9. **Previous Bachelor's Degree?** No  Yes  specify Major: \_\_\_\_\_
10. **Place of Birth:** Alabama  specify county: \_\_\_\_\_ Out of State  specify state: \_\_\_\_\_  
Out of Country  specify country: \_\_\_\_\_
11. **Citizenship Status:** Native born U.S. Citizen  Naturalized U.S. Citizen   
Resident Alien Status  Non-resident Alien Status
12. **Have you previously applied to this School of Nursing for admission?**  
Yes  specify semester/year: \_\_\_\_\_ No