

**DELTA STATE UNIVERSITY
ROBERT E. SMITH SCHOOL OF NURSING
RN TO BSN COMPLETION
PROGRAM APPLICATION**

I am applying for the Fall of 20 _____ Full-time _____ Part-time _____

1. Name in Full _____
(Last) (First) (Middle)

2. Home Address _____
(Number & Street or RFD) (City) (State) (Zip) (County)

3. Mailing Address _____
(If different from home)

4. Phone Number: Home _____ Cell _____

5. Email Address _____ 6. Male _____ Female _____

7. In order to accurately respond to requests from a variety of federal, state, and community entities, DSU asks you to answer the following two questions:

(a) Do you consider yourself to be Hispanic/Latino? Yes _____ No _____

(b) In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native _____

Asian _____

Black or African American _____

Native Hawaiian or Pacific Islander _____

White _____

8. Date of Birth _____

9. Student ID# _____
(Banner ID or SS Number)

10. List all institutions of learning attended since high school (attach extra sheets as needed)

Institution _____ through _____

Institution _____ through _____

Institution _____ through _____

11. Composite score on the ACT _____ If less than 21, do you plan to retake the ACT? _____

12. Nursing program(s) previously enrolled in _____

13. The following statements, documents, and forms must be submitted by the appropriate deadline before this application for admission is considered. **It is the applicant's responsibility to ensure that all documentation is received in the Robert E. Smith School of Nursing.**

A. Admission to Delta State University (**Official transcripts must go to the Admissions office**)

B. American College Test (ACT) scores

C. Unofficial transcripts from all colleges and universities attended. A student entering the Robert E. Smith School of Nursing who wants to receive credit for prior nursing course(s) from another program must submit a request and credit be negotiated before admission to the Robert E. Smith School of Nursing and not after the student is enrolled.

D. Progress report of academic standing for any required courses in progress at date of application.

E. Copy of a current unencumbered registered nurse license to practice in the state in which the student will perform clinical.

14. Have you ever been convicted or are you in the process of being tried for a misdemeanor or felony?

Yes No If yes, explain _____

Individuals having been convicted of a misdemeanor or felony may not be allowed to write the NCLEX Exam for RN Licensure. In their discretion, the Mississippi State Board of Nursing has the authority to refuse licensure to anyone convicted of a misdemeanor or felony. (See State of Mississippi, Law, Rule & Regulations, Mississippi Board of Nursing Section 73-15-29 (1) (b)).

15. I hereby make application to the Robert E. Smith School of Nursing, Delta State University and agree to abide by the regulations and policies of the Robert E. Smith School of Nursing and to accept responsibility for payment of all charges incurred while I am a student. I further declare that the information on this application is complete and accurate, to the best of my knowledge. I understand that willfully withholding information or making false statements on this application may be used as the basis for denial of admission or for the basis of dismissal if enrolled in the Robert E. Smith School of Nursing program.

Applicant's Signature _____

Date _____

ASSURANCE OF COMPLIANCE (NO 34-0090):

Delta State University is committed to a policy of equal employment and educational opportunity. Delta State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or veteran status. This policy extends to all programs and activities supported by the University.

Revised: 11/15/21

DELTA STATE UNIVERSITY
ROBERT E. SMITH SCHOOL OF NURSING

Please complete this form listing courses you are completing the semester prior to application to the Robert E. Smith School of Nursing and return to:

Delta State University
Robert E. Smith School of Nursing
P. O. Box 3343
Cleveland, MS 38733

Student Name _____ Semester _____

If you are in an on-line course, please email the instructor and attach their response to this form.

I am not enrolled in any courses the semester prior to application to the Robert E. Smith School of Nursing _____

NAME OF COURSE	COURSE NUMBER & DEPARTMENT	NUMBER OF CREDIT HOURS	UNIVERSITY/COLLEGE WHERE TAKING COURSE	GRADE AS OF 2 WEEKS PRIOR TO APPLICATION DEADLINE	INSTRUCTOR'S SIGNATURE AND DATE SIGNED

Form must be returned to Robert E. Smith School of Nursing by application deadline