School of Nursing  
College of Health and Human Services

Application of  

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden Name (if applicable)</th>
</tr>
</thead>
</table>

For Admission to the RN to BSN Program  
Please check the appropriate option.

- **Distance Education** (Spring Admission)  
  University Application – due Sept. 15  
  School of Nursing Application – due Sept. 30  
  (completely internet-based program)

- **Distance Education** (Summer Admission)  
  University Application – due March 15  
  School of Nursing Application – due March 30  
  (completely internet-based program)

- **Distance Education** (Fall Admission)  
  University Application – due March 15  
  School of Nursing Application – due March 30  
  (completely internet-based program)

**NOTE:** It is important that you complete this application fully and as directed. Incomplete applications will NOT be reviewed.
The University of North Carolina at Charlotte – School of Nursing
Application to the RN to BSN Program

Instructions

1. This application must be completed by all students seeking admission to the RN to BSN Program. The Distance Education (on-line) option admits in the fall and spring.

2. There are two applications that must be completed: one to the University Undergraduate Admissions Office and one to the School of Nursing. See due dates on the front of the application.

   - **University Application**
     You must apply on-line to the University at the following website: [http://admissions.uncc.edu/transfers](http://admissions.uncc.edu/transfers)
     
     There is a fee for this application. You are responsible for completing the University application package by sending one official transcript from each school you have attended to the University’s Undergraduate Admissions Office, plus one official transcript from high school. **It is your responsibility to check that the Undergraduate Admissions Office has received your complete application including your official transcripts by the due date.**

   - **School of Nursing Application**
     Additionally, you must complete this paper application and mail it along with a copy of your RN license and copies of all transcripts including UNC Charlotte (these may be unofficial copies of transcripts) to:
     
     Lorraine Ford  
     School of Nursing  
     UNC Charlotte  
     9201 University City Blvd.  
     Charlotte, NC 28223-0001

3. All students in the RN to BSN Completion Program must complete a minimum of 122 semester hours consisting of general education requirements, nursing prerequisite courses, the 31 hours of the nursing curriculum, and the university credits granted for previous nursing coursework. Students are required to complete university General Education and nursing prerequisites prior to beginning the Upper Division. Admission to the RN to BSN Completion Program is competitive and there is restricted enrollment. Admission is based predominantly on prerequisite GPA.

4. All admissions to the RN to BSN Curriculum are conditional until verification of the completion of all courses, and copies of your current and unrestricted RN license. These can be mailed to the above address.

5. Applicants must have an available clinical site through their employment or College approved agency. You can check with the RN to BSN coordinator related to specific requirements.

6. If you live outside of North Carolina, please contact the Distance education office or the RN to BSN Coordinator to verify ability to offer our program in your state. The availability of our programs in a particular state or territory depends on our ability to comply with the unique regulations of that state or territory.

**NOTE:** Incomplete or unsigned applications will not be reviewed. Applications without appropriate transcripts will not be reviewed.
Applicant Information
(please print legibly)

Semester/Year applying for _______________________________ Date ______________________
Name ________________________________________________
Home Address ____________________________________________________________________________
City, State, Zip __________________________________________ County __________________________
(please include zip code)
Phone numbers: Home __________________ Work __________________ Cell _______________________
E-mail address_____________________________________________________________________________

Basic nursing preparation: _____Associate degree in nursing _____Diploma in nursing
Name of Nursing School Attended: _____________________________________________________________
What year did you graduate: ____________

Have you applied to and completed the application to the University? (You can check on the status of the
University application through the Admissions website).
_____Yes       _____No
_____Currently enrolled
Are you currently employed as a RN? _____Yes       _____ No
If so, where are you currently working? ______________________________________________________
If you have earned a bachelor’s or master’s degree in another area prior to the date of this application,
please state the type of degree, major, date earned, and the institution _____________________________
_________________________________________________________________________________________

The following data is for statistical purposes only and will NOT be used in the admission decision:

Gender: ___Male ___Female
Date of Birth: ____________
Race/Ethnic Group: _____
   I: Native American/Alaskan Native;    O: Asian or Pacific Islander;    B: Black/Non-Hispanic
   H: Hispanic;    W: white/non-Hispanic;    X: choose not to report;    Z: other

Be sure to complete the Course Table on page 4.
The content of the document is as follows:

### Course Table

**Note:** This table **MUST** be completed for application, even with attached transcripts.

Please indicate the semester you completed the prerequisite courses or if you are currently enrolled in the course. **Students must complete EACH prerequisite course with a grade of C or higher.**

#### Nursing Prerequisites

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Credit Hours/Grade</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Chemistry I – CHEM 1203</td>
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<tr>
<td>Microbiology – BIOL 2259</td>
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<tr>
<td>Anatomy &amp; Physiology I - BIOL 2273/KNES 2273</td>
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<tr>
<td>Anatomy &amp; Physiology II – BIOL 2274/KNES 2274</td>
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<tr>
<td>Introduction to Anthropology – ANTH 1101</td>
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<tr>
<td>Or Introduction to Sociology – SOCY 1101</td>
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<tr>
<td>General Psychology – PSYCH 1101</td>
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<tr>
<td>English Composition I – ENGL 1101/UWRT1101</td>
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<tr>
<td>College Algebra - MATH 1100</td>
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<tr>
<td>Statistics 1220, 1221, or 1222</td>
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#### General Education (these courses or transfer equivalents)

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Credit Hours/Grade</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>English/UWRT 1102</td>
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<tr>
<td>LBST 110X Arts &amp; Society</td>
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<tr>
<td>LBST 2101 Western Tradition</td>
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<tr>
<td>LBST 2102 Global Understanding</td>
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<tr>
<td>LBST 220X Ethical Issues &amp; Cultural Critique</td>
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</table>

#### Electives

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Credit Hours/Grade</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective 1:</td>
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<tr>
<td>Elective 2:</td>
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</table>

All courses must be completed by the end of the semester prior to the semester for which the application is made. A minimum Cumulative GPA of 2.0 is required to apply.

University General Education Requirements:
Students are responsible for checking with the RN to BSN Coordinator and the university catalog to ensure they have met the General Education requirements for graduation.

### Acknowledgement of Responsibility and Accuracy

I, (please print) __________________________________________, attest that I have read and understand the information and instructions of this application and that all information contained herein is true and accurate. I understand that any false and/or misleading information will exclude my application from consideration.

Signature: ___________________________________________ Date: ___________________