



APPLICATION FOR PROGRAM ADMISSION 2nd Degree BSN Program

Date _____

Applying for SON Admission Cycle: _____ Check if you are applying through the AECF (military):

GSW ID Number: _____ Date accepted to GSW _____

1. Print name in full _____
Last First Middle

2. Usual signature _____

3. Permanent address _____
(Number & street or route)

City County State Zip Code

4. Telephone numbers: (home) _____ (cell) _____

5. Electronic mail address: _____
*Enter E-mail address you will check most often*6. Local mailing address _____
Enter the address where you will receive your mail while attending the University

City County State Zip Code

7. Local telephone numbers: _____ (cell) _____

8. Person to be notified in case of emergency:

Name _____ Telephone _____

Relationship _____

Address _____

City County State Zip Code

9. Transfer student: yes _____ no _____ Previous institution: _____

10. Are you currently licensed in any health care field? _____ If so, which field? _____

Identify license number(s) _____

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11. Field of Degree: _____ Date Graduated: _____

College/University: _____

12. How did you first learn about GSW School of Nursing? _____

13. Have you ever been dismissed from any nursing program? _____

14. List all courses you plan to complete before the semester for which you are applying (Note: All core courses must be completed by the end of May. No courses can be taken the summer before entering nursing school.):

Course	Semester	Institution

The SON Application Form and the required support documents must be received by the SON by the published application deadline via email to nursing@gsw.edu, FAX, mail, or personal delivery to:

**School of Nursing
Student Services Coordinator
Georgia Southwestern State University
800 Georgia Southwestern State University Drive
Americus, GA 31709
FAX: 229-931-2288**

I acknowledge that the information on this application is correct.

Signature

Date