

**Note:** Appointments will be scheduled after you submit this form along with your transcripts.

**Second Degree BSN**

School of Nursing Office of Student Success Akron, OH 44325-3701

Email completed application to Regena Ellis at **ellisr@uakron.edu**.

Questions? Contact Don Canary at canary@uakron.edu or Regena Ellis at ellisr@uakron.edu.

**Please print (Must be filled out and returned)**

Date \_\_\_\_\_

\_\_\_\_\_  
First Name M.I. Last Name Maiden

\_\_\_\_\_  
Street Address City State Zip

Social Security or University of Akron ID Number \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

Email: \_\_\_\_\_

<u>How did you hear about our program?</u>	
<input type="checkbox"/> Magazine _____	<input type="checkbox"/> Radio _____
<input type="checkbox"/> Newspaper _____	<input type="checkbox"/> TV _____
<input type="checkbox"/> School/Job Fair _____	<input type="checkbox"/> Other _____

High School Attended: \_\_\_\_\_ Year Graduated \_\_\_\_\_

<b>Are you a current UA Student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I would like to attend:</b> <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
<b>I intend to enter UA (check term and fill in year):</b>
<input type="checkbox"/> Fall Semester 20____ <input type="checkbox"/> Spring Semester 20____ <input type="checkbox"/> Summer Session 20____
<b>I intend to pursue:</b> <input type="checkbox"/> Basic BSN <input type="checkbox"/> Accelerated BSN* <input type="checkbox"/> RN/BSN
<input type="checkbox"/> LPN/BSN <input type="checkbox"/> RN/BSN <input type="checkbox"/> MSN
<small>*Please note: The Accelerated BSN begins in summer and is full time.</small>
<b>I am attending/have attended the following Schools (copies of transcripts attached):</b> (use back of form if additional space is required)
_____ School Degree GPA
_____ School Degree GPA

In Ohio, it is necessary to gather the following information:	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any professional license, certificate or registration limited or revoked in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No