

Southwest Baptist University
St. John's College of Nursing and Health Sciences
RN – BSN Application



Name _____ Maiden _____
Date _____

Address _____

City, State, and Zip _____

Phone _____ E-mail _____

Date of Birth _____ Social Security Number _____

RN State License Number - State _____ Number - _____

OR Date to take NCLEX_RN _____ Semester start BSN: _____

Year and College for ASN or Diploma Graduation _____
GPA _____

Reasons for Selecting Southwest Baptist University _____

What are your professional and educational goals for your BSN program

Information required for Admission:

- | | |
|---|---|
| <input type="checkbox"/> SBU Application/\$30 fee | <input type="checkbox"/> Copy of Auto Insurance |
| <input type="checkbox"/> Copy of Current RN license | <input type="checkbox"/> Malpractice Insurance |
| <input type="checkbox"/> Current CPR card | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Photo ID/Drivers License | <input type="checkbox"/> Door Access card |

This information is required before admission is complete. Verification of nursing liability (malpractice) insurance and automobile insurance is needed while enrolled in the BSN program, to protect the student and the university when the student is serving in a nursing capacity for any school-related project or fulfilling required clinical hours.

Signature _____ Date _____
Advisor/Person Assisting _____

THE FOLLOWING APPLICATION ONLY NEEDS TO BE COMPLETED
BY STUDENTS THAT HAVE **NEVER** ATTENDED SBU.

SOUTHWEST BAPTIST UNIVERSITY - SPRINGFIELD

APPLICATION FOR UNDERGRADUATE ADMISSION

PERSONAL INFORMATION (PLEASE PRINT)

Name

Name/Nickname Last First Middle Preferred

Address _____
 Street City State County Zip

Telephone _____ Email Address _____

Date of Birth _____ Gender Male Female S.S. Number _____ - _____ - _____

Church Attending _____ City _____ Religious Denomination _____

*Marital Status Single Married Maiden name _____ Divorced Widowed

Country of Legal Citizenship U.S. Other _____

*Ethnic Background African-American Asian Caucasian Hispanic Native American Other _____

SPOUSE INFORMATION

Applicant's Spouse

 Last First Middle

Address _____
 Street City State County Zip

Spouse's Occupation/Title _____

PARENT/GUARDIAN INFORMATION (To be completed by unmarried students under age 25)

Father/Guardian _____ Mother _____
 Dr./Mr./Mrs./Ms. Last First Dr./Mrs./Ms Last First

Street Address _____ Street Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Occupation _____ Occupation _____

*Marital Status Single Married Divorced Widowed

*Marital Status Single Married Divorced Widowed

** This information is used for statistical purposes only.*

ACADEMIC INFORMATION

When will you enter SBU? 20__ __ Fall Semester Spring Semester Summer (June) Summer (July) January Term

ACT/SAT Score: _____ Which will you receive? HS Diploma GED If GED, when? _____

What is your class rank? You are number _____ out of _____ total students in your class. What is your current GPA? _____

High School Attended

 School Name City State

Year of Graduation _____

Do you have an LPN license? Yes No

Do you have a paramedic license? Yes No

Are you already a Registered Nurse? Yes No If Yes to LPN, paramedic or RN indicate license number _____

Classification at SBU: First-time Freshman Transfer: Fr So Jr Sr Returning: Fr So Jr Sr Non-Degree Seeking

How will you enroll? Full-time (12-16 hrs per semester) Part-time (1-11 hrs per semester)

Will you already have a degree upon entering SBU? Yes No If Yes, please indicate: Associate's Bachelor's Master's

Do you plan to complete a degree at SBU? Yes No If Yes, please indicate: Associate's Bachelor's Master's

Anticipated Major _____

LIST ALL COLLEGES/UNIVERSITIES FROM WHICH YOU HAVE RECEIVED CREDIT

Name	Location	Dates Attended	Hours Earned	Are these dual credit hours?

How many total credit hours will you have earned upon entering SBU? _____

Have you previously received credit from SBU? Yes No If yes, when? _____

IF U.S. IS COUNTRY OF LEGAL CITIZENSHIP CONTINUE TO NEXT SECTION

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____

Green Card # _____ Immigration Status if Applicable: _____

Have you taken the TOEFEL? Yes No If yes, when? _____ TOEFEL score: _____

MISCELLANEOUS INFORMATION

How did you first learn about SBU? SBU Admissions Representative Church Internet Advertisement (magazine newspaper radio billboard)

College Fair Minister Alumni Friend Parent Other

Do you have a relative that is an SBU alumnus? Yes No If yes, name _____ Relationship _____

*List any other colleges to which you are planning to make application

**This information is used for statistical purposes only.*

I Certify that the information on this application is, to the best of my knowledge, accurate. I understand that Southwest Baptist University aims to provide an education which is Christian and is shaped by the Christian faith as reflected in the Southern Baptist tradition. I desire the benefits of such an education, and I agree to conduct myself in accordance with the ideals for which Southwest Baptist University stands and to observe the rules governing student conduct as stated in the University Catalog and Student Handbook (both can be found online at www.sbuniv.edu/currentstudents).

I have read, understood and agrees to the above statements.

Signature of Applicant

Today's Date

***An application fee of \$30 must be submitted with this application, or it will not be processed. (The application fee for international students is \$100 U.S.)**

Send application and fee to St. John's College of Nursing-SBU, Office of Admissions • 4431 S. Fremont • Springfield MO 65804
(417) 820-2069 • www.sbuniv.edu/collegeofnursing