

RN-BSN Program Application

Applicant Information	
Full Legal Name	
List any former last names	
Student Identification #(A number) or Social Security Number	
Home Mailing Address	
City , State, and Zip Code	
Phone	
E-Mail Address	
Please note that an email address is REQUIRED . All applicants are notified of their status via email.	

RN-BSN applicants must be a senior student in an Associate of Science in Nursing Program or hold current licensure as a registered nurse. Please refer to the Vincennes University catalog for admission criteria.

Please list all colleges you have attended. **Official transcripts must be on file at VU.** If you have not had your transcripts sent to Vincennes University please have an official copy emailed to vnursing@vinu.edu or mailed to Vincennes University Health Sciences Admissions Coordinator, 1002 North First Street, Vincennes, IN 47591.

List previous colleges: _____

Have you ever been convicted of a felony or misdemeanor? No Yes, please explain: _____

_____ please refer to our website www.vinu.edu/healthcareers for information on our criminal history policy/procedure.

Do you currently have any criminal charges pending or are you involved in a pre-trial diversion? No Yes, please explain: _____

Nursing License Information: License _____ State _____ Has there been any disciplinary action taken against this license or have you ever been denied licensure/permit for any health care profession ?

No Yes: Please explain

Signature

Date

By signing above, you affirm that the information on this application is correct. Falsification of your application may result in your denial of admission to the College of Health Science and Human Performance and/or Vincennes University.