Emporia State University Nursing
Application for Admission to the Nursing Major
RN to BSN

Date_____, 20 _____

Applying for admission for **FALL 2024 ONLY**

Have you been accepted for admission to Emporia State University?_____

What is your E number?_____

Do not submit this form unless you have been accepted by ESU and have an E number.

What is your license number?_____

Please type or print

1. Legal Name _____
                      Last   *First*   *Middle*   *(Maiden)*
   Last 4 digits of social security number _____

   Other names by which previously known _____
   Date of birth:_____

   ADMISSION STATUS LETTERS WILL BE SENT TO THE PERMANENT ADDRESS UNLESS OTHERWISE INDICATED. ONLY RESIDENTS OF KANSAS ARE ACCEPTED.

2. Current Address _____
            Number & Street   *Apt#*   *City*   *County*   *State*   *Zip*

   Current Home/Cell Phone_____Current Work Phone _____

3. Permanent Address _____
            Number & Street   *Apt #*   *City*   *County*   *State*   *Zip*

   How long at permanent county of residence?_____County of previous residence_____How long? _____

4. E-mail Address:_____

5. List all colleges and universities (including ESU and current enrollment)

Name of school	City	State	Dates Attended	Area of Study	Diploma/ Degree
			to		
			to		
			to		
			to		

- For courses not taken at ESU, send official transcripts to: Office of the Registrar, Emporia State University, 1 Kellogg Circle, Emporia, KS 66801.
- Your transcripts from other institutions must be available to the Admissions Committee through ESU Degree Works. It is your responsibility to ensure they have been submitted to, accepted by, and entered by the Office of Registration at ESU.

6. Person to be notified in case of emergency:

Name _____ Relationship _____

Telephone Number _____

Address _____

    Number & Street   *City*   *State*   *Zip*

7. You will participate in a nursing practicum course in the nursing program. Please indicate what hospital you would like to use for your practicum site. Only hospitals with which ESU Nursing has established an Affiliation Agreement can be used. If the hospital you choose does not have an Affiliation Agreement with ESU, you might be required to select another hospital.

Hospital: _____

__An application fee of $25.00 must be submitted with this form.__ (Checks, money order, or cash only. Checks or money orders made payable to ESU Nursing). __The application fee is not refundable.__

Each qualified applicant is considered individually without regard to age, race, color, religion, gender, national origin or ancestry, sexual orientation, disability, protected Veteran status, or other factors which lawfully cannot be considered. The University is an equal opportunity institution.

ESU Nursing serves the right to refuse admission or progression to an applicant or student who cannot meet, with reasonable accommodations, the functional abilities to practice safely and effectively as defined by the National Council of State Boards of Nursing, Inc. (1996).

If you have questions or concerns, please contact the ESU Nursing office, 620-341-4440.

Application Deadline:

- Applications for each Fall cohort open December 2
- Our priority deadline is February 1
- Applications will be accepted through May 1 as space allows

- Applications for each Spring cohort open July 1
- Our priority deadline is September 1
- Applications will be accepted through December 1 as space allows

Be sure that you complete all components of ESU Nursing "application procedure" as directed in the ESU Nursing RN to BSN Admission Policies.

Submit this completed application form and fee to: *ESU Nursing Cora Miller Hall, 1127 Chestnut Street, Emporia, KS 66801*