



**Minot State
UNIVERSITY**

Department of Nursing

Application for Admission to the BSN Completion Program

Application for: Fall or Spring _____ Student ID # _____
(Circle one) (Year)

Reason for pursuing BSN Degree: _____

Full Name: _____
Last First Middle Maiden

Permanent Address: _____
Street City State Zip Code

Present Mailing Address: (Mailing address while attending MSU if different from permanent address.)

Daytime/Current Telephone Numbers: Home _____ Cell _____ Work _____

Email address: _____

Date of Birth _____ **Ethnic Background** _____

School where you obtained your RN degree:

Name Location Date

List ALL previous colleges/universities attended:

Please submit REQUIRED information to the Minot State Nursing Department with the BSN Completion application:

- A. A copy of your current/active, unencumbered U.S. Nursing License with Nursing License Number.
- B. Official transcripts from all universities attended sent to MSU Enrollment Services if not already done. (Be sure nursing degree is posted on appropriate transcript).
- C. A copy of current AHA (American Heart Association) Basic Life Support (CPR and AED) Program.
- D. BSN Completion Application fee of \$25.00 payable to Minot State University.
- E. Completed criminal background check form, including completed fingerprint card(s) and check to North Dakota Attorney General for \$40.
- F. Complete MSU immunization document (may sign the Exemption Section as an online student), and submit to MSU Student Health Center.
- G. Copy of personal health insurance coverage.

NOTE: Incomplete BSN program application materials will delay application and BSN Completion program admission process.

Your signature below indicates your understanding and acceptance of the accompanying information about the Nursing Major at Minot State University and that you believe you have the academic and professional commitment necessary to be a baccalaureate nursing education student.

Signature of Applicant Date