



Application RN to BSN Track Joseph and Nancy Fail School of Nursing

*William Carey University
School of Nursing
498 Tuscan Avenue
Hattiesburg, MS 39401-5499*

*William Carey University
School of Nursing
1856 Beach Drive
Gulfport, MS 39507*

*William Carey University
N.O.B.T.S.
3939 Gentilly Blvd., Box 308
New Orleans, LA 70126*

Date: _____ Term to Enter: _____

Name: _____ Social Security No.: _____

All correspondence regarding admission will be mailed to the address listed, unless otherwise notified.

Address: _____ Home/Cell Phone: _____

_____ Work Phone: _____

Please check the appropriate answer to the following questions:

Name of basic nursing education school & date of graduation: _____

(You will be required to show proof of current unencumbered licensure.)

Do you have a degree(s) in another discipline _____ YES _____ NO

If yes, _____ Degree _____ Discipline _____ Date received _____

Do you have or have you ever had any disciplinary action pending against your license?
_____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO

Have you ever been arrested, charged with, convicted of, pled guilty or no contest to, or been sentenced for any criminal offense in any state? _____ YES _____ NO

(The fact that an arrest or conviction has been pardoned, expunged, dismissed, or that your civil rights have been restored, does not mean that you can answer this question "no" – you would have to answer "yes".)

Attach current nursing license to application

STATEMENT OF UNDERSTANDING:

I understand that I must maintain high scholastic standards, advance my nursing skills, and exhibit those personal qualities which are necessary for professional nursing practice. I verify that I possess the physical and emotional skills required to accomplish this.

I have also read and understand the following statements.

- I must complete all the nursing and non-nursing courses before my B.S.N. degree will be awarded. The time limit for completing these courses is six years from the date I first enrolled at William Carey University.
- My license as a registered nurse shall remain free of disciplinary action.
- Notification will be given to the program director should I become subject to disciplinary action while enrolled in the program.

I affirm that the information in this application is accurate and complete and I understand that falsification of information is grounds for permanent dismissal from the School of Nursing. I hereby make application for admission to the School of Nursing, William Carey University and agree to abide by the regulations and policies of the School of Nursing while I am a student.

Applicant's signature _____

Date: _____

EQUAL EDUCATIONAL OPPORTUNITIES STATEMENT:

William Carey University offers equal educational opportunities to all persons without discrimination and without regard to sex, race, color, religion, national origin, or disability in its educational program or activities.