

Application for Admission to Online RN-BSN Program

Return this form with a \$30 nonrefundable payment to:

My College 151 E. Rosemary Street Chapel Hill, Nc 27516

Anticipated Entrance Date: _____

Please Print or Type

Mr. Mrs. Ms. Miss

Social Security Number

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip Code

Phone Number: (____) _____ (____) _____
Home Work

Place of Employment: _____ Position: _____

Email Address: _____

Place of Birth: _____ Citizenship: _____
State Country

Date of Birth: _____ Other Last Names You May Have Used: _____

High School from Which You Graduated or Last Attended: _____

High School Address: _____
City State Zip Code

Year of Graduation: _____ Year of GED: _____

Name of nursing school, college or university where you earned your RN degree (date)

Please list all colleges/universities attended.

Name of Institution City, State Dates Attended Credits/Degrees GPA

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