



Application for Admission to the RN to BSN Online Nursing Program

Steps for Admission

First, apply for admission to Mayville State University and submit all official transcripts from all colleges and universities attended. Nursing degree must be posted. Find detailed application instructions at: <http://www.mayvillestate.edu/prospective-students/admissions/transfer/>

Second, submit this application and required nursing program information to Shannon Skovlund, Administrative Coordinator, Division of Mathematics, Science, and BSN Nursing Program; 330 Third Street NE, Mayville, ND 58257:

- \$25.00 program application fee paid by check or money order, or by calling the MSU Business Office at 701-788-4757
- Copy of current unencumbered RN license
- Two letters of reference addressing clinical competence and integrity (use program Reference form—references must be submitted in sealed envelope, with signature of reference source across the seal or may be emailed by reference source directly to shannon.skovlund@mayvillestate.edu.)

Third, to maintain enrollment, the following will be submitted prior to NURS 442 clinical experience:

- Approval for clinical practice verified by Criminal History Record Check
- Proof of current American Heart Association-Healthcare Provider (BLS) CPR certificate
- Proof of current unencumbered RN Licensure
- Proof of Immunization
- Signed Confidentiality Agreement
- Proof of Health Insurance/Health Insurance Waiver



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Application for: Fall Spring Year _____

Enrollment desired: Full-time Part-time

Full Name: _____
Last First Middle Maiden

Permanent Address: _____
Street City State Zip Code

Present Mailing Address: _____
Street City State Zip Code

Current phone numbers: Home _____ Mobile _____ Work _____

Email address: _____ Date of Birth: (00/00/0000) _____

College or University where you completed your two-year RN degree:

College/University City/State Date Degree Issued

North Dakota Resident **Yes** **No**

Employed in North Dakota **Yes** **No**

Current employment as a nurse **Yes** **No** Employer _____

County of Current Residence: _____

Preferred Agency for NURS 442: Community/Public Health Clinical Experience*

1. _____ 2. _____

*Student is not required to secure agency agreement prior to program acceptance. Program faculty will secure agency contracts upon program acceptance.

RN Licensure: State _____ Expires _____ Anticipated date of receipt _____



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NOTE: My signature confirms that I have access to a computer with minimum specifications determined by MaSU with virus protection and access to high-speed Internet. (Computer requirements available upon request.)

My signature indicates the understanding and accuracy of all information provided. I understand failure to disclose information may lead to denial of admission. I understand that any falsification will be considered grounds for dismissal from the Mayville State University RN to BSN program should I be accepted.

Signature of Applicant

Date