

The Lake / The Learning / The Life



Bemidji State University

APPLICATION
For RN to BS in Nursing Program

Bemidji State University, 1500 Birchmont Drive NE Box 15, Bemidji, MN 56601-2699

Phone: (218) 755-3860 / Toll Free: 1-877-Bemidji (236-4354) / www.bemidjistate.edu/nursing

PLEASE SEND THIS FORM TO THE DEPARTMENT OF NURSING

DEPARTMENT OF NURSING

Bemidji State University
APPLICATION FORM

I plan to begin the RN to BSN program: Fall ____ Spring ____ or (Year) 20 ____

Name _____
Last First Middle

Address _____
Street/ Box City State Zip

Home Phone _____ Business Phone _____

Email _____ FAX Number _____

RN License # _____ Expiration Date (RN Lic) _____

Social Security# _____ Date of Application _____

A. EDUCATION

(List colleges and all post-secondary schools in order of most recent attendance)

Institution	Location	From (yr) to (yr)	Major	Credential
1.				
2.				
3.				
4.				

B. EMPLOYMENT (Optional)

(Begin with present position and list previous employment in reverse chronological order)

Position	Agency	Location

Please return this form and other materials as required for admission consideration for the baccalaureate nursing major to:

Bemidji State University
Department of Nursing-Deputy Hall 105
1500 Birchmont Dr NE Box 15
Bemidji, MN 56601-2699
(218) 755-3860

I certify that the above information is correct to the best of my knowledge and that incorrect information will void my application to the Nursing Major.

Signature

Date