



COLLEGE of NURSING

EAST TENNESSEE STATE UNIVERSITY

RN to BSN PROGRAM Pre-Assessment Application

Please PRINT

- Scan and email completed form to Matt Johnson, johnsonm@etsu.edu

Name: _____ Date: _____

Mailing Address: _____

Preferred Contact Phone Number: (_____) _____

Email Address: _____

Current Employer (optional): _____

Education (Please Circle):

Associate RN Degree

Hospital RN Diploma

Table with 7 columns: School, Country, State, Dates Attended, Degree(s) Earned, Degree Date, Major(s). It contains three empty rows for data entry.

Do you have an active RN license? (Please Circle): YES NO

State of RN Licensure: _____

RN License Number: _____

IF NO, when do you plan to take the NCLEX? _____ Semester/Year

Have you been accepted to OR attended ETSU in the past? (Please Circle): YES NO

(If you have been accepted to ETSU previously, complete and submit the Re-Admit Form to the university (no fee) and submitted updated transcripts.)

Preferred semester you want to start the RN to BSN program: (Please Circle)

Spring Summer Fall List Year: _____