

**OLD DOMINION UNIVERSITY
SCHOOL OF NURSING
APPLICATION FOR RN to BSN ADMISSION**

Application for **FALL 2009**

Receipt of Application Materials*
February 1
May 1

Notification of Decision
Early Decision
June 15

*Recommended by February 1 of the calendar year of desired admission since space is limited.

Desired Site of Program _____
(Campus, TELETECHNET Site, Videostream, Online)

Name _____

Other Names in Which Records may Appear _____

Social Security Number _____ or UIN (if ODU student) _____

Mailing Address _____

Phone: Home: _____ Work: _____

Cell #: _____

E-mail Address _____ Fax: _____

(Required)

If you have had work experience as a Registered Nurse, please provide current or most recent place of employment:

In chronological order, list all educational institutions attended since high school including Old Dominion University.

INSTITUTION	LOCATION	DATES	DIPLOMA/DEGREE RECEIVED OR HOURS COMPLETED	GPA

The following are minimum admission requirements for RN to BSN students. Please respond to each of the three criteria:

1. **Licensed as a Registered Nurse:** YES ___ NO ___ Expected by: _____

2. **Prerequisite courses** completed (indicated grade received or "E" if currently enrolled or "P" if you plan to complete the course before fall semester. NOTE: **All** must be completed before the fall semester begins.

English 110C	_____	Foreign Language I	_____
English 111C	_____	Foreign Language II	_____
English 112L or 144L	_____	Statistics 130M	_____
Biology 250	_____	Psychology 203S	_____
Biology 251	_____	Sociology 201S	_____
Biology 103	_____	History "H"	_____
Chemistry 101N 102N [or]	_____	Philosophy "P"	_____
Chemistry 115N 116N	_____	Fine Arts "A"	_____

Use MONARH TRANSFORMATION from the School of Nursing web pages to confirm transferability of these required courses

3. **Admission to Old Dominion University** as a degree-seeking student:

_____ Have been accepted.
_____ Have submitted University application and official transcripts to the Office of Admissions.

Please **attach** the following to **this application**:

_____ Photocopy of current **license** to practice as a Registered Nurse.
_____ Unofficial copies of **transcripts** for all educational institutions attended.

Signature of Applicant

Date

PLEASE SUBMIT THIS APPLICATION, PHOTOCOPIES OF COLLEGE TRANSCRIPTS AND PHOTOCOPY OF RN LICNENSE TO:

Mrs. Phyllis Barham, Chief Academic Advisor
Old Dominion University, School of Nursing
4608 Hampton Boulevard
Room 2134-B
Norfolk, VA 23529-0500