

Please check one of the following:

Orlando

Brevard

Daytona

Virtual

University of Central Florida
College of Nursing

RN TO BSN PROGRAM
Application for Admission

(To be eligible for this program you **MUST** have a current RN License or be eligible for RN licensure.)

Please check program and indicate year of anticipated admission:

RN to BSN Fall 20 ___
(Application deadline July 1st)

RN to BSN Spring 20 ___
(Application deadline November 1st)

RN to BSN Summer 20 ___
(Application deadline March 1st)

*Please note: This program is not for international students holding an F1 and J1 Visa as it is a **FULLY ONLINE PROGRAM** and does not meet immigration requirements to maintain status. If you have any questions, please contact the International Services Center at <http://www.intl.ucf.edu> or call 407-823-1231.*

Date _____

Part-Time Full-Time

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Social Security Number

Birth Date: _____
Month Day Year

Biographical Information: (please print)

Last Name

First Name

Middle or Maiden Name

Male U.S. Citizen
 Female Resident Alien

Ethnicity: American Indian Asian or Pacific Islander
(voluntary) Black (not Hispanic) Hispanic
 White (not Hispanic) Other

Ethnicity is requested by the U.S. Department of H.E.W. under Title VI of the Civil Rights Act. Your response will not affect admission to the school

Resident Information (please print):

Home Address: _____
Street Apt. #

_____ City State Zip Code County

Home Telephone: () - Business Telephone: () - Email: _____

RN License Number: _____ Employer: _____

Academic Record: Include all schools attended since high school. If additional space needed, attach additional sheet (Please note if records are under another name)

Name & Location	Date Completed	Major	Degrees Obtained



Please return the application to:
University of Central Florida
College of Nursing
Attn: RN-BSN Program Assistant
P.O. Box 162210
Orlando, FL 32816-2210
www.nursing.ucf.edu

(407) 823-2744

Fax: (407) 823-5675

Name: _____

Applicant **MUST** read and check all items listed below. Checking these items indicates you have read and understand each statement. Failure to do so will result in an incomplete application.

____ I am a current UCF student.

OR

____ I will be admitted/readmitted to UCF prior to admission to this limited access program.

OR

____ Since I am not a current UCF student I have applied to UCF. Students meeting admission requirements for the CoN will be provisionally accepted pending confirmation of admission to UCF. It is the **student's responsibility** to contact Admissions concerning their admission status with the university. If you are **denied** admission to UCF, notify the College of Nursing immediately.

____ I have requested an Official copy of **ALL** transcripts be sent **directly to the UCF Admissions Office**.

____ I have enclosed a photocopy of transcripts from all colleges and universities attended with my application to the nursing program. **Applications without transcripts will not be reviewed. DO NOT submit transcripts electronically or via fax.**

____ I have enclosed a photocopy of my current RN license or proof of application to take the NCLEX-RN exam.

____ A minimum GPA of 2.5 in the major and prerequisite courses is required to be considered for admission and continuation in the College of Nursing. Additional criteria may be established prior to the selection process. I understand this GPA does not guarantee admission to this program.

____ Admission to the limited access program of the College of Nursing may be restricted because of limitations in available faculty and facilities.

____ Prospective students may enroll in electives and selected courses prior to acceptance in the limited access program on a space available basis.

____ It is your responsibility to notify the CoN in writing if there are changes to your name, address, phone or email.

____ I understand that prior to beginning classes there will be additional requirements needed by the CoN.

____ I understand that if accepted to the program all UCF Graduation requirements must be met prior to taking NUR3634, Dimensions of Professional Nursing Practice, or any upper level (4000 level or higher) course. It is the student's responsibility to review their audit each semester and to set up an advising appointment if they have questions.

NOTE:

1. Applications will be processed three (3) times per year (November 1st, March 1st, and July 1st).
2. A personal interview may be requested to clarify information contained in the application.
3. Applicants not accepted must reapply at a later date. Applications will not be carried over from term to term.
4. Applicants who do not meet the qualifications for admission will be notified.

If your answer to any of the following is yes, you must submit a full statement of relevant facts on a separate sheet attached to this form. You may be required to furnish the university with copies of all official documentation explaining the final disposition of the proceedings.

1. Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?

Yes

No

2. Have you ever been arrested or charged with a violation of the law which resulted in probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)?

Yes

No

If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure whether you should answer yes to the above questions, we strongly suggest that you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admission.

Special Needs: (*This section is voluntary*) *If you need any special accommodations from the University of Central Florida in order to succeed in your degree program, please list them below.* _____

I have read and understand the items above and have completed all sections. I understand that my application will not be accepted unless all the required items are complete and the application has been signed.

Signature

Date