



Texas A&M University-Texarkana Application for Admission to the BSN Program: Traditional Track

Name (Mr., Mrs., Miss, or Ms.) \_\_\_\_\_ Date \_\_\_\_\_
Last First MI

Address: \_\_\_\_\_
No./Street/Appt. City State/Zip

Area code/Ph. Cell # Work # Email

Age: \_\_\_\_\_ Gender \_\_\_\_\_ Race: \_\_\_\_\_ Are you Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_.

1. I have completed all required lower division courses.
Yes
No, I will enroll for the last of these courses: Semester \_\_\_\_\_

I lack the following courses: \_\_\_\_\_

2. I have been enrolled in a Nursing program before that I did not complete. Yes \_\_\_\_\_ No \_\_\_\_\_

BSN \_\_\_\_\_ ADN \_\_\_\_\_ LVN \_\_\_\_\_.

If YES, reason for leaving \_\_\_\_\_

Name/Address of program \_\_\_\_\_

Are you eligible for re-instatement? Yes \_\_\_\_\_ No \_\_\_\_\_

An explanatory letter from the previous program director is attached. Yes \_\_\_\_\_ No \_\_\_\_\_
(Must be received prior to deadline for application)

3. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, employer's name \_\_\_\_\_

Hours/week \_\_\_\_\_.

4. Have you ever been issued a Blue Card from the Texas Board of Nursing? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, send a copy with your application.

5. I understand requirements for the Traditional BSN program may include:

- Afternoon or evening clinical
• Travel to clinical sites
• Costs associated with injury in the clinical setting
• Background checks and drug screens

6. By signing this application, you give permission to the TAMU-T Registrar to change your major to BSN Traditional upon acceptance to the Nursing Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_