ODESSA COLLEGE RN TO BSN APPLICATION FORM

Personal Information

First Name	Last Name	
Date of Birth (MM/DD/YYYY)		
Gender: Male Female	Other	
Last 4 of Social Security Number		
Email Address		
Phone Number		
Mailing Address	City	State
Zip Code		
Citizens	ship and Residency	
U.S. Citizen (Yes/No) If No, Country of Co	itizenship (Specify Country)	
State of Residency		
Educat	ional Background	
Current RN License Number		
State of RN Licensure		
Nursing Education Degree (Associate Degr	ree)	
Graduation Date (MM/YYYY)		
Name of Institution		
Additional Education		
Profes	sional Experience	
Current Employment Status (Employed, U	nemployed, Other)	
Current Employer (Name of Employer)		
Position (Job Title)		
Vears of Nursing Experience		

Academic Information

Previous Institutions Attended (List all post-secondary institutions with dates attended and
degrees earned)
Cumulative GPA
Supplemental Materials
Please attach the following with your application form:
Resume/CV
Letter/s of Recommendation
Personal Statement Essay/Letter of Intent
Signed Technical Standard Form
Financial Aid Information
interested in financial Aid (Yes/No)
Have you completed the FAFSA (Yes/No)
Signature and Submission
Signature (Type Full Name)
Date of Submission (MM/DD/YYYY)