



ROCHESTER
COLLEGE

Challenging Academics. Christian Community.

RN to BSN Application for Admission

Instructions

The applicant is responsible for the following items, all of which are required for initial admission to the Rochester College RN to BSN program:

- Official Transcripts for all completed coursework sent by all universities or colleges attended, including Rochester College.
- Copy of unencumbered RN license valid in the State of Michigan
- One-page letter describing your career plans and philosophy of nursing care. Included in this a statement on how your spiritual values impact your clinical practice.
- One completed personal letter of recommendation (enclosed), along with signed waiver.

All of these items must be sent to:

Nursing Program Coordinator
Rochester College
800 W. Avon Rd.
Rochester Hills, MI 48307

If you have any questions, please contact the nursing department at 248.218.2280 or nursing@rc.edu

Application

PERSONAL INFORMATION

Last name _____ First name _____ Middle initial _____

Maiden/other last name _____ Preferred first name _____

Address _____ City _____ State _____ ZIP Code _____

Home phone _____ Cell phone _____

Email address _____

Social Security Number _____ Birthday (mm/dd/yy) _____

Birthplace (city/state) _____

Gender: Male Female

Religious preference: Church of Christ Community Church Baptist
 Methodist Lutheran Catholic Other

Name of your church congregation _____

Marital status: Single Married Separated Divorced

Do you consider yourself to be of Hispanic/Latino/Spanish origin? Yes No

In addition, please select one of the following racial categories to describe yourself:

Asian/Pacific Islander Black (non-Hispanic) Hispanic multi-racial
 Native American White (non-Hispanic)

Are you a U.S. citizen? Yes No

If no, in which country were you born and of which country are you a citizen? _____

Are you a veteran? Yes No

If so, do you expect to receive VA benefits? Yes No

Have you been convicted of a criminal offense other than minor traffic violations? Yes No

*If yes, attach **thorough** explanation*

Have you, for any reason, been suspended or dismissed from an academic institution? Yes No

*If yes, attach **thorough** explanation*

EDUCATIONAL INFORMATION

How did you hear about the RN-BSN Completion Program? _____

Planned enrollment: Fall 20____ Spring 20____ Summer 20____

Have you previously attended Rochester College? Yes No

If yes, please list years and former name (if applicable) _____

Please list any relatives who have previously attended Rochester College: _____

Will you be applying for financial aid? Yes No

College(s) attended (list most recent first)	City/State	Dates	GPA	Degree

Last high school attended	City/State	Dates	GPA	Diploma

Yes No

Did you take the GED? Yes No If yes, what was your average score? _____

EMPLOYER INFORMATION

Name _____ Title _____ Start Date _____

Address _____ City _____ State _____ ZIP Code _____

Applicant must provide two letters of reference (included). One must be from current employer.

CERTIFICATION OF APPLICATION

This application must be filled out completely to be considered valid. Only valid applications will be presented for admissions decisions.

I certify that all the answers given in this application are complete and accurate to the best of my knowledge. I understand that withholding information requested on this application or giving false information will make me ineligible for admission to Rochester College or subject to dismissal. If admitted, I agree to abide by all the regulations of Rochester College pertaining to academic and personal conduct.

Signature of Applicant

Date

Rochester College does not discriminate on the basis of race, color, gender, age, disability, nationality or ethnic origin in the execution of its educational program activities, employment, or admissions policies except where necessitated by specific religious tenets held by the institution and its controlling body. Rochester College is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

Do not write in this box. For internal use only.

Acceptance granted Acceptance on academic alert Acceptance denied

Reason _____

Signature _____ Date _____