

RN-to-BSN Program

MSU Moorhead Department of Nursing
1104 7th Avenue South
Moorhead, MN 56563
218.477.2693
nursing@mnstate.edu



Department Use Only

Date Application Received _____

Verified date BON _____

Application Deadlines:

Fall Semester – March 15

Spring Semester – October 15

Admission Criteria

- Admission to Minnesota State University Moorhead
- Two professional references
- Minimum cumulative GPA of 2.75 for post high school course work
- Registered nursing license if licensure exam taken
- 21 semester credits of general studies (Dragon Core)

Instructions for Application to the RN-to-BSN Nursing Major

- All application materials must be received by the nursing department (or be postmarked) by the above deadline dates. **It is the applicant's responsibility to verify that the nursing office has received all application materials by the deadline.**
- All applicants must be admitted to MSUM and have a Dragon ID before submitting the nursing application. Students not fully admitted to MSUM will not be considered for admission to the RN-to-BSN nursing program. Non-admitted students may request application forms from the Office of Admissions at <http://www.mnstate.edu/admissions/apply.cfm>. Admission to MSUM does not guarantee admission into the nursing program.
- Two Baccalaureate Nursing Program Professional Reference forms filled out, placed in a sealed envelope with a signature across the sealed flap and included with the application.
- Original transcripts from ALL institutions where post high school course work has been completed.
- The following checklist may be helpful in completing your application.
 - Acceptance to Minnesota State University Moorhead
 - Application to the Nursing Program including typed, double-spaced essay.
 - Two Baccalaureate Nursing Program Professional Reference forms
 - Original transcripts requested
- This application can be completed online, printed, signed and mailed.

Application

Please print or type online

Name _____
Last First Middle Former name, if applicable

Current Mailing Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number _____
Home Cell Work

Current e-mail address _____

MSUM Student ID number **(REQUIRED)**: _____

If you have attended or been admitted to another program of nursing at a hospital, college or university please indicate the name and address of the program and your reason for leaving.

(OPTIONAL INFORMATION): The information requested below is voluntary and will be used for summary reports required by federal and state laws and regulations and to support institutional affirmative action efforts. It will not be used as a basis for admission or in a discriminatory manner. You will not be subjected to adverse treatment if you do not provide any of the requested information.

Gender: Male Female Birthdate: _____ Last 4 digits of SSN: _____
Race/Ethnicity: Black American Indian or Alaskan Native Asian or Pacific Islander White Hispanic
 Multi-Ethnic background (please list) U.S. Citizen Yes No

RN License Number of all states in which you currently have a nursing license: State: _____ Number: _____ Active Inactive
State: _____ Number: _____ Active Inactive

Are there conditions on any of your nursing license(s)? No Yes If yes, explain _____

If new graduate, date you plan to take NCLEX Exam: _____

I plan to enroll: Full-Time (complete the nursing courses in four semesters)
 Part-Time (complete the nursing courses in five or more semesters)

RN Preparation: Diploma Associate

Currently licensed as an LPN also? Yes No

Education: List all colleges attended including schools of nursing. Continue on back if needed.

Are you currently enrolled in college? Yes No

Name of Institutions	Degree/diploma	Year

Employment: Begin with present position and list previous employment in reverse chronological order. Continue on back if needed.

	1. Present Position	2.	3.	4.
Agency Name				
Type of position				
Dates of employment				
Type of agency				

Membership in Organizations: (Specify offices held, committee work, projects, etc.) (professional/volunteer)

Award/Honors/Certifications: (write out full title of certification)

Title	Date

Essay

In a typed, double spaced paper not longer than 500 words, address the following points:

1. Briefly describe your professional goals upon completion of your baccalaureate degree in nursing.
2. Discuss one specific health care issue which interests you and any experiences you may have related to the areas (e.g., domestic abuse, smoking cessation, etc.).
3. Describe your strengths and weaknesses.

This essay should be an example of your best writing ability. Criteria used for rating the essay will include:

- Clear expression of thought
- Grammar/sentence structure/spelling/overall appearance
- Thorough discussion of essay topics

References

All applicants are required to supply two Professional reference forms (relatives and family friends are not appropriate). Reference forms should be from an instructor, employer or a member of a helping profession-clergy, nurse, counselor, former college teacher. Reference forms can be found on the nursing department web page or in the nursing office. The forms must be signed by the person giving the reference, placed in an envelope, and signed again across the sealed envelope flap.

Departmental Requirements

After admission to the nursing major, additional documentation is required. Clinical experiences may not be initiated if current documentation is missing.

- Annual criminal background check.
- Annual Tuberculin clearance test (Mantoux).
- Current CPR Certification at the AHA Healthcare Provider level or American Red Cross Professional Level.
- Immunizations:
 - Hepatitis B
 - Tetanus

Send nursing application materials to:

Send the completed, signed application form with the typed essay and two reference forms in a sealed envelope with signature across the flaps to:

Minnesota State University Moorhead
Department of Nursing
1104 7th Avenue South
Moorhead, MN 56563

For general questions call the nursing department at 218.477.2693



**I certify that all information and documents are complete and accurate.
Misrepresentation of application information is sufficient grounds for
suspension or canceling admission.**

Signature _____ Date _____