

**RN to BSN Track Application**  
**BACHELOR OF SCIENCE IN NURSING PROGRAM**  
**Incomplete applications will be returned**

**Applying for (check one)**

- Summer Term Admission \_\_\_\_\_ (year)      Application deadline: May 8  
 Fall Semester Admission \_\_\_\_\_ (year)      Application deadline: August 8  
 Spring Semester Admission \_\_\_\_\_ (year)      Application deadline: January 8

**PERSONAL INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Prior Name</b>
<b>LCMail Address</b>		<b>LCSC Student I.D. Number</b>	
<b>Current RN License #</b>		<b>State of RN License</b>	
<b>How did you hear about our program?</b>			

**NURSING PROGRAM**

College or University	City and State	Dates of Attendance		Degree (e.g., AA, AS, AAS)
		Started	Completed	

Bachelor's degree or higher held?  **Yes**  **No** College/University awarding: \_\_\_\_\_

**PREREQUISITE COURSE**

Course	College or University	Prefix & Course #	Credit Hours	Name of Course	Semester/Year Taken	Grade (write "IP" if currently in progress)
Statistics						

## Conditions of Enrollment

- I understand all Idaho General Education Core requirements must be completed prior to program admission. These requirements will be reviewed in an initial advising meeting or upon submission of this application.
- I understand in most cases credits for prior learning ([Escrow Credits](#)) will need to be awarded to meet graduation requirements. An administrative fee of \$20/credit is charged towards the end of the program for each Escrow Credit.
- I understand I must hold an unencumbered nursing license throughout my BSN program. If the status of my nursing license changes, I understand I must notify my advisor immediately, and this may impact my ability to remain in the CC-BSN Track.
- I understand all courses must be passed with a grade of C (2.0) or better. (Please refer to the [NHS Student Handbook](#) for more information.)
- I understand NU 442 and NU 478 require a volunteer service-learning component, and some agencies may require a background check and/or other requirements (including COVID vaccination) for volunteer service. I understand it is my responsibility to ensure these requirements are met. I understand that any expenses incurred to meet these requirements, including travel to practicum sites, will also be my responsibility.
- I have read the [e-Learning Student Information](#) page, including the e-Learning Student Handbook. At the time of enrollment in the RN-BSN program, I will have access to a full desktop/laptop computer operating system that meets LCSC's minimum technology specifications and consistent, reliable access to high-speed internet.

I certify that I have read and understand this application in its entirety including the Conditions of Enrollment above, the [NHS RN-BSN Student Handbook](#) and the [RN-BSN Application Information and Instructions](#).

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Print Name

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Signature

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Date