

**APPLICATION FOR PROGRAM ADMISSION  
Traditional BSN Program**

**Applying for SON Admission Cycle:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Check if you are a GAP student:**

**Check if you are you applying through the AECF (military):**

**GSW ID Number:** \_\_\_\_\_ **Date accepted to GSW:** \_\_\_\_\_

**1. Print name in full** \_\_\_\_\_  
Last First Middle

2. Usual signature \_\_\_\_\_

3. Permanent address \_\_\_\_\_  
(Number & street or route)

\_\_\_\_\_ City County State Zip Code

4. Telephone numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

5. Electronic mail address: \_\_\_\_\_  
Enter E-mail address you will check most often

6. Local mailing address \_\_\_\_\_  
Enter the address where you will receive your mail while attending the University

\_\_\_\_\_ City County State Zip Code

7. Local telephone numbers: \_\_\_\_\_ (cell) \_\_\_\_\_

8. Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City County State Zip Code

9. Transfer student:    yes \_\_\_\_\_    no \_\_\_\_\_    Previous institution: \_\_\_\_\_

10. Are you currently licensed in any health care field? \_\_\_\_\_ If so, which field? \_\_\_\_\_

Identify license number(s) \_\_\_\_\_

**APPLICATION FOR PROGRAM ADMISSION  
Traditional BSN Program**

11. How did you first learn about GSW School of Nursing? \_\_\_\_\_

\_\_\_\_\_

12. Have you ever been dismissed from any nursing program? \_\_\_\_\_

13. List all courses you plan to complete before the semester for which you are applying (Note: All core courses must be completed by the end of May. No courses can be taken the summer before entering nursing school.):

Course	Semester	Institution

**The SON Application Form and the required support documents must be received by the SON by the published application deadline via email to [nursing@gsw.edu](mailto:nursing@gsw.edu), FAX, mail, or personal delivery to:**

**School of Nursing  
Student Services Coordinator  
Georgia Southwestern State University  
800 Georgia Southwestern State University Drive  
Americus, GA 31709  
FAX: 229-931-2288**

**I acknowledge that the information on this application is correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date