

**APPLICATION FOR PROGRAM ADMISSION
2nd Degree BSN Program**

11. Field of Degree: _____ Date Graduated: _____

College/University: _____

12. How did you first learn about GSW School of Nursing? _____

13. Have you ever been dismissed from any nursing program? _____

14. 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, 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