

**APPLICATION FOR PROGRAM ADMISSION  
LPN-BSN Program**

Date \_\_\_\_\_

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

**Check if you are you applying through the AACP (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. Give information concerning nursing program(s) attended (location of program; when and where you passed the licensure exam ([NCLEX-PN])

\_\_\_\_\_  
 \_\_\_\_\_

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10. Field of Degree: \_\_\_\_\_ Date graduated: \_\_\_\_\_

College/University: \_\_\_\_\_

11. Are you currently working as an LPN? If yes, give location and job title. \_\_\_\_\_

\_\_\_\_\_

12. In what states are you currently licensed to practice registered nursing? \_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

16. 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