

College of Nursing
University of Missouri-St. Louis

**Bachelor of Science in Nursing
RN-BSN Track
Supplemental Application**

Application Sought for:

Fall: _____ **Year:** _____

Please Print:

Name: (Last) _____ (First) _____ (Birth Name) _____

Address:

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Home:** _____ **Work:** _____

Social Security Number: _____ **E-mail:** _____

RN License: Number: _____ State and Exp. Date: _____

Has any disciplinary action been taken against your nursing license? YES _____ NO _____
If yes, please attach a letter of explanation.

ADN / DIPLOMA Education:

Institution: _____ **Year Graduated:** _____

NLN / CCNE Accredited: YES _____ NO _____

Please indicate your preference for completing your courses

_____ I prefer to attend *FLEX ON SITE* (UM-St. Louis campus)

_____ I prefer to attend the *FLEX ON-LINE* via the internet

_____ I prefer to attend *TELECOMMUNICATED* (St. Charles Community College)

_____ I prefer to attend the *FLEX SATELLITE SITE*

Signature: _____

Date: _____