

RN to BSN OPTION
APPLICATION TO THE COLLEGE OF NURSING
UNIVERSITY OF NORTH DAKOTA
(Please Type or Print)

NAME: _____ Student ID # _____
(Last) (First) (Middle Initial)

Phone # _____

Primary Address: _____
(address) (city) (State) (Zip Code)

State of Residency : _____ U-mail Address: _____

Please provide the following optional demographic information used for statistical purposes only:
Race: _____ Gender: _____ Date of Birth: _____

I am requesting admission to the RN/BSN Nursing Program for: **Fall** or **Spring** Semester of _____
(Please indicate semester & year) (circle one) (year)
(Note: You will be charged a program fee as soon as you are admitted)

Are you admitted/readmitted to UND for the semester requested above? _____
(If not, you must get admitted to UND before applying to the Nursing Program)

years of RN practice: _____ State licensure/s: _____
***SUBMIT PHOTOCOPY OF ALL LICENSES**

EDUCATIONAL BACKGROUND:

List all educational programs (nurses' aid program, vocational and/or trade schools, hospital schools, junior colleges & universities) attended since high school graduation & degrees awarded:

Name & Location of Institution	Dates Attended	Degree, Certificate, or Diploma Awarded	Credits & Grade Point Average

You must be admitted to UND, submit a copy of your RN license/s, and all educational transcripts must be on record at UND before this application will be considered. Please allow approximately 2 months for your admission to be processed.

I affirm that, to the best of my knowledge, the information contained within this application is correct and that I have not knowingly withheld any information. I am aware that I will be required to submit a criminal background check and any resulting information could make me ineligible for completion of clinical Nursing courses. This could mean a dismissal from the College of Nursing. .

Signature of Applicant (required) _____
(Over) **Date**

COLLEGE OF NURSING

UNDERGRADUATE NURSING STUDENT FUNCTIONAL ABILITIES RELEASE

College of Nursing Undergraduate students must be able to perform the functional abilities in each of the following categories: gross motor skills, fine motor skills, physical endurance, physical strength, mobility, hearing, visual, tactile, smell, reading, arithmetic competence, emotional stability, analytical thinking, critical thinking skills, interpersonal skills, and communication skills (National Council of State Boards of Nursing, 1999). However, it is recognized that degrees of ability vary widely among individuals. Individuals are expected to discuss questions about abilities with the Director of Student & Alumni Affairs.

The policy, Functional Ability Requirements for Undergraduate Nursing Students & Common Activities/Tasks Required in the Nursing Profession can be accessed on the College of Nursing Internet site at <http://www.nursing.und.edu/bsn/pdf/commonactivities.pdf> or are available on request. These provide a framework for relating functional ability categories and representative activities/attributes to self-limitations and accommodations.

“I have read the Functional Ability Requirements for Undergraduate Nursing Students and Common Activities/Tasks Required in the Nursing Profession. I know with whom to discuss my disability and possible accommodations, if needed.”

Student Signature

Date

National Council of State Boards of Nursing (1999). *Guidelines for using results of functional abilities studies and other resources*. Chicago, IL: Author.

**RETURN COMPLETED APPLICATION TO: Admissions & Records, UND College of Nursing,
Nursing Building Room 308, 430 Oxford St., Stop 9025, Grand Forks, ND 58202-9025 OR DROP
OFF AT ROOM 308 COLLEGE OF NURSING.**

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