



Georgia Baptist College of Nursing
of Mercer University

Office of Admissions
3001 Mercer University Drive
Atlanta, GA 30341-4115
(678) 547-6700

**RSN-BSN Advanced Track for Registered Nurses
Application for Admission**

INSTRUCTIONS FOR FILING APPLICATION

1. Application for Admission

Each section of the application needs to be completed and mailed to:

Office of Admissions
Georgia Baptist College of Nursing
of Mercer University
3001 Mercer University Drive
Atlanta, GA 30341-4115

2. Application Fee

A \$50 nonrefundable application fee is required with all applications. Please do not send cash. A check or money order should be made payable to Georgia Baptist College of Nursing of Mercer University.

3. Official Transcripts

Please have official transcripts sent directly to the Office of Admissions. Transcripts from each college and/or school of nursing attended are required. If you are currently enrolled in courses, a final transcript showing the last term attended is also required.

4. Additional Information

Please provide additional information as an attachment to your application:

- Discuss your professional goals as they relate to professional baccalaureate preparation.
- Describe any additional commitments outside academia and your plans to accommodate them (i.e., work, family, community service, etc.)

5. International Applicants

Students whose prior basic education is from a country other

than the United States or whose native language is not English are considered International. In addition to the items above, the following information must be submitted.

- Official evaluation of international transcripts by one of the approved evaluation services:

Josef Silny & Assoc., Inc.
E-mail: info@silny.com

Educational Credentials Evaluation, Inc.
E-mail: eval@ece.org

- Official scores from the TOEFL

6. References

Two letters of recommendation must be submitted. These letters must attest to current clinical practice.

7. Licensure

A current unencumbered Georgia RN license is required to be considered for the program. Submit a copy of the front and back of your Georgia RN license.

6. Admission Deadlines

The application process, including receipt of all academic credentials, must be completed by the following deadlines:

Term	Deadline
Fall Semester	June 1, priority deadline April 1, International Students
Spring Semester	November 1, priority deadline September 1, International Students
Summer Semester	April 1, priority deadline February 1, International Students

HONOR CREED AND PLEDGE – All Applicants Must Sign

Adherence to the Honor System is an obligation that all students are expected to meet when they are accepted into this academic community. In selecting Georgia Baptist College of Nursing of Mercer University, I adopt the Honor System by the following creed: *As a member of the Georgia Baptist College of Nursing of Mercer University community, I am bound by honor to develop and uphold the highest standards of honesty and integrity, to strive for full intellectual and moral developments, and to accept my personal and academic responsibilities in the community. To attain these ideals, I embrace this Honor System as my way of life.*

In addition to living by the creed, I acknowledge that, as a student at the College of Nursing, I would be asked to pledge all quizzes, examinations, papers, projects or lab work with the following pledge: *On my honor, I pledge that I have neither given nor received help on this work, nor am I aware of violation on the part of others.*

My signature indicates that I am providing the College with information that is factually correct, complete and honest in its presentation. With this application, I am requesting admission to Georgia Baptist College of Nursing of Mercer University on the basis of the terms listed above.

Signature of Applicant _____ Date _____

APPLICATION FOR ADMISSION RN-BSN ADVANCED TRACK GEORGIA BAPTIST COLLEGE OF NURSING OF MERCER UNIVERSITY

3001 Mercer University Drive • Atlanta, GA 30341 • (678) 547-6700
E-mail: nursing@mercer.edu • nursing.mercer.edu

PLEASE LIST NAMES (other than your legal name) UNDER WHICH WE MIGHT RECEIVE TRANSCRIPTS FOR YOU.

Please type or print clearly GENERAL INFORMATION					
SOCIAL SECURITY NO. - -	SEMESTER APPLIED FOR <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER			YEAR	DATE
LEGAL LAST NAME	FIRST NAME	MAIDEN/MIDDLE	PREFERRED NAME		
STREET ADDRESS		HOME PHONE ()	WORK PHONE ()		
CITY	STATE	ZIP	COUNTY		
SEX* <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE	BIRTHPLACE (City, State or Country)		E-MAIL ADDRESS	
U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	Check appropriate box. ETHNICITY* <input type="checkbox"/> Hispanic origin <input type="checkbox"/> Not of Hispanic origin	Select one or more boxes as appropriate for race. RACE* <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White			
COUNTRY OF CITIZENSHIP IMMIGRATION	TYPE OF VISA	IF PERMANENT RESIDENT, PLEASE PROVIDE:	ALIEN NO.	DATE ISSUED	
IS ENGLISH YOUR NATIVE LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<small>If not, please list language</small>	RELIGIOUS PREFERENCE/DENOMINATION (optional)		MARITAL STATUS (optional) <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME	RELATIONSHIP	TELEPHONE ()			
STREET ADDRESS		CITY	STATE	ZIP	

* The College of Nursing is required to report data on race/ethnic group and sex to certain federal and state agencies as those data relate to civil rights compliances. Ethnicity and Race are optional – for statistical data only.

EDUCATION				
SCHOOL OF NURSING			DIPLOMA OR DEGREE RECEIVED	
CITY	STATE	GRADUATION DATE	MONTH /	YEAR
LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS ATTENDED SINCE HIGH SCHOOL				
Name	City / State	Entry Date	Department Date	Diploma / Degree

List any courses you are currently taking at the college level and any courses you plan to enroll in next term.		
Name of course	Name of Institution	Term Enrolled

LICENSURE		
License Number	Current License Status	State

PROFESSIONAL WORK EXPERIENCE	
List (beginning with most recent) all work experience since becoming an RN	
DATES From _____ to _____	PLACE OF EMPLOYMENT (Include city and state)
POSITION/RESPONSIBILITIES	
DATES From _____ to _____	PLACE OF EMPLOYMENT (Include city and state)
POSITION/RESPONSIBILITIES	
DATES From _____ to _____	PLACE OF EMPLOYMENT (Include city and state)
POSITION/RESPONSIBILITIES	
DATES From _____ to _____	PLACE OF EMPLOYMENT (Include city and state)
POSITION/RESPONSIBILITIES	

PLEASE DISCUSS YOUR PROFESSIONAL GOALS AS THEY RELATE TO PROFESSIONAL BACCALAUREATE PREPERATION.

PLEASE DESCRIBE ANY ADDITIONAL COMMITMENTS OUTSIDE ACADEMIA AND YOUR PLANS TO ACCOMMODATE THEM (work, family, community service, etc.)

CRIMINAL BACKGROUND CHECK AND DRUG SCREENING

The College of Nursing
 Georgia Baptist College of Nursing of Mercer University does not require either a background check or drug screening for admission. Failure to be honest in the completion of the application question (below) regarding prior convictions may result in an honor code violation and could result in dismissal from the program.

Clinical Agencies
 As a nursing student, you may be required to provide a criminal background report and/or drug screening, at your own expense, if required by the clinical agency to which you are assigned, with results reported directly to the clinical agency, not Mercer University faculty or staff. If the clinical agency finds the results of the drug screening or criminal background check to be unacceptable, Georgia Baptist College of Nursing may not be able to provide further educational experiences, which could impede the student's progression and completion of the nursing degree.

Please respond to the following questions:

1. Have you ever been convicted of a violation of a federal, state, or municipal law, regulation or ordinance, other than a minor traffic violation? Yes No
2. Have you ever been in disciplinary difficulty while attending any college? Yes No

If you answered yes to either question, please provide a written explanation to be included with the application.

I certify that the information provided on this application is true, to the best of my knowledge, and I understand that omissions or misrepresentations may automatically invalidate consideration and/or acceptance to, or continuation, at the College of Nursing.	
SIGNATURE (X)	DATE