



**Georgia Baptist College of Nursing
of Mercer University**

Office of Admissions

3001 Mercer University Drive
Atlanta, Georgia 30341-4115
(678) 547-6700

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

INSTRUCTIONS FOR FILING APPLICATION

Please read the following information carefully before completing the application.

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, Georgia 30341-4115

APPLICATION FEE A \$35.00 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.

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.

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

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

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

Term	Deadline
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Fall Semester	May 15
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Spring Semester	November 1 (Sept. 15 for International Students)
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Summer Semester	April 15 (Feb. 1 for International Students)
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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 development; 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 RN-BSN PROGRAM

GEORGIA BAPTIST COLLEGE OF NURSING OF MERCER UNIVERSITY

3001 Mercer University Drive • Atlanta, GA 30341-4115 • (678) 547-6700
nursing.mercer.edu

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

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* F <input type="checkbox"/> M <input type="checkbox"/>	BIRTHDATE		BIRTHPLACE (City, State or Country)			E-MAIL ADDRESS	
U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		Check appropriate box. ETHNICITY*	Select one or more boxes as appropriate for race.				
COUNTRY OF CITIZENSHIP		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Other	
		<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander				
TYPE OF VISA		IF PERMANENT RESIDENT, PLEASE PROVIDE:		ALIEN NO.		DATE ISSUED	
IS ENGLISH YOUR NATIVE LANGUAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		If not, please list language.	RELIGIOUS PREFERENCE / DENOMINATION (optional)			MARITAL STATUS (optional) MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/>	
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			CITY	STATE
DIPLOMA OR DEGREE RECEIVED			GRADUATION DATE	MONTH / YEAR

LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS ATTENDED SINCE HIGH SCHOOL				
Name	City / State	Entry Date	Departure Date	Diploma / Degree

LIST ANY COURSES YOU ARE CURRENTLY TAKING AND ANY COURSES YOU PLAN TO ENROLL IN NEXT TERM.		

LICENSURE		
License Number	Current License Status	State

PROFESSIONAL NURSING 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 ATTACH A LIST OF ADDITIONAL PROFESSIONAL NURSING EXPERIENCE IF NECESSARY.	

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

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

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
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