

**OWC-UWF COOPERATIVE BSN PROGRAM
APPLICATION FORM**

STUDENT INFORMATION (Please Print in Ink)

Social Security Number _____ - _____ - _____ FL RN License # _____

Last Name First Name Middle Name Maiden Name

Mailing Address City State Zip

() _____ () _____ () _____
Home Phone Number Work Phone Number Evening Phone Number Primary E-mail Address

Have you previously attended OWC?

- Yes If yes, please specify last term attended _____
 No If no, complete an OWC Admission & Residency Form in addition to this form.

Have you previously attended UWF?

- Yes If yes, please specify last term attended _____
 No If no, complete an UWF Admission & Residency Form in addition to this form.

PREVIOUS POSTSECONDARY EDUCATION

Please list all college, universities, technical schools, etc. you have attended since high school. Official transcripts must be requested and sent directly to Office of Enrollment Services at both OWC and UWF.

Name of Institution	City/State	Dates of Attendance	Degrees Earned

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residence affidavit may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies and rules of OWC and UWF. I hereby authorize OWC and UWF to obtain student records electronically from any Florida school or college previously attended or any college placement test scores. I further agree to allow all my records to be electronically transferred to the institution of my choice and I authorize OWC and UWF each to have access to my permanent records at both institutions. I certify that as a condition of my admission, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during enrollment at OWC or at UWF.

Applicant Signature

Date

OWC-UWF COOPERATIVE BSN PROGRAM

Admission Requirements

- Completion of an associate degree nursing program prior to enrollment
- Documentation of Current Florida RN Licensure
- Completion of all admission forms for both OWC and UWF by the established deadline.
- Submission of all official transcripts by the established deadline
- Minimum cumulative Grade Point Average (GPA) of 2.75 in all college credit course work and a minimum grade of "C" in all Florida Common Course Prerequisites applicable to the AS to BSN degree program
- Completion of the standard Florida foreign language upper division admission requirement
(If, at the time of admission, the student has not completed two years of the same foreign language in high school or eight credits in college, the student will need to complete eight credits of foreign language before completing the program.)
- Completion of Florida CLAST requirements
(If, at the time of admission, the student has not completed CLAST requirements, the student will need to meet this criterion by the completion of 36 upper division credit hours at OWC, or enrollment in future credits may be restricted.)

(Additional pre-enrollment conditions (e.g. proof of immunizations, CPR verification, etc.) must be satisfied prior to registration.)

Steps to Apply for Admission

1. Submit completed OWC & UWF Admission & Residency Forms
2. Satisfy all requirements for admission to the College and to the University as a degree-seeking student
3. Submit completed BSN Supplemental Program Application Form
4. Satisfy all eligibility requirements for admission to the OWC-UWF Cooperative BSN Program
5. Submit official high school and college transcripts from all previously attended colleges and universities, to Include official score reports from CLEP, DANTES, AP, and IB

If the number of people eligible for admission to the program exceeds the enrollment capacity, a random selection process will be used to determine individuals to be admitted. Preference will be given to residents of Okaloosa and Walton Counties. Students who are admitted will be notified by mail in early July; additional prerequisites or pre-enrollment conditions must be satisfied prior to registration.

PROGRAM PLANNING SURVEY

The following information is *voluntary* and will be used for program planning, *not* for admission. Your input will help us to meet student needs. Thank you for your assistance.

Currently employed? Yes No **If yes,** Full-time Part-time
If yes, Health care setting Other Setting

Schedule Planning

- I plan to enroll as a full-time student (12 or more credits per term)
- I plan to enroll as a part-time student (6-11 credits per term)

Class Schedule (Mark all times that you are available to attend class)

- Daytime classes (M-Th) Evening classes (M-Th) All day Friday classes
- Weekend classes on Friday evening and Saturday, meeting 5-6 weekends over sixteen weeks
- Weekend classes on Saturday all day and Sunday afternoon, 4-5 weekends over sixteen weeks

Class Format Preference (Mark all choices that apply)

- Online distance learning format Text-based distance learning format
- Traditional class meetings
- Blended classes with a few traditional class meetings and the rest in distance learning format

Nursing Elective Preference (check all that apply)

- Spanish for Health Care Providers Introduction to Critical Care Nursing
- Nursing Care of Underserved Populations Nursing Staff Development for the Departmental Educator