

**NORTHWEST FLORIDA STATE COLLEGE**  
100 COLLEGE BOULEVARD • NICEVILLE, FLORIDA 32578

**R.N. TO B.S.N. PROGRAM**  
**APPLICATION FORM**

**STUDENT INFORMATION** (Please Print in Ink)

Social Security Number    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Last Name                                      First Name                                      Middle Name                                      Maiden Name

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Mailing Address                                      City                                      State                                      Zip

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

**Have you previously attended or applied to NWF State College?**

- Yes** If yes, please specify last term attended or applied \_\_\_\_\_
- No** If no, complete an NWF State College Admission & Residency Form in addition to this form.

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 of the Board of Trustees and rules and regulations of the College. I hereby authorize the college 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. 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 NWF State College.

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**Applicant Signature**  
*An Equal Access/Equal Opportunity Institution*

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**Date**

**STEPS TO APPLY FOR ADMISSION**

- Current Florida RN Licensure
  - Completion of all admission forms to the college by the established deadline.
  - Submission of all official transcripts by the established deadline.
  - A minimum cumulative Grade Point Average (GPA) of 2.75 in all college credit course work.
  - If the number of people meeting the admission requirements exceeds the number of slots, a random selection process will be used.
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## PROGRAM PLANNING INFORMATION

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.

**Current Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

### Schedule Planning

- I plan to enroll as a full-time student (12 or more hours per term).
- I plan to enroll as a part-time student (6-11 hours per term).
- I plan to enroll as a part-time student (3-5 hours per term).

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

- Daytime classes (M-Th)
- Evening classes (M-Th)
- Weekend classes conducted on Friday evening and Saturday, meeting every other week.
- Weekend classes conducted Saturday all day and Sunday afternoon, meeting every other week.
- Friday daytime and Saturday morning classes, meeting every other week.

### Class Format

- I prefer online distance learning format.
- I prefer traditional class meetings.
- I prefer blended classes with traditional class meetings and distance learning combined.

### Nursing Elective Preference

- Nursing Ethics
- Nursing Care of Vulnerable Populations
- Nursing Staff Development for the Departmental Educator
- Introduction to Critical Care Nursing
- Introduction to Peri-operative Nursing