

Application for RN-BSN Program

UPPER IOWA UNIVERSITY

Admission Requirements

- Official high school transcript
- Official college(s) transcript(s) attended
- Cumulative GPA of 2.5 from all previous college(s)
- Evidence of current licensure as a Registered Nurse OR
- Evidence of eligibility for licensure
- Evidence of meeting current health requirements
- Evidence of current CPR certification
- Criminal background check

Anticipated Start Date: _____

At which location do you plan on attending classes?

- Fayette Campus
- Des Moines Center
- Cedar Rapids Centers
- Mary Greeley Medical Center

General Information *(Please print or type)*

Legal Name: Ms. Mr. Mrs.

Last Name _____ First Name _____ Middle/Maiden Name _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

E-Mail Address _____

Fax Number (_____) _____

Do you plan to apply for Financial Aid? _____ Yes _____ No

U.S. Citizen? _____ Yes _____ No

If no, where is your citizenship? _____

Social Security Number _____

Date of Birth (Month/Day/Year) _____

Employer _____

Please answer the following questions, for reporting purposes ONLY:

Do you consider yourself to be Hispanic/Latino?
 Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Pacific Islander

Father's Educational Level:

- High School
- College/Beyond

Mother's Educational Level:

- High School
- College/Beyond

Education

List all colleges/universities attended and their locations:

College/University	State	Dates Attended	Degree/Credits Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you hold a Registered Nursing license? YES NO If yes, in what state(s)? _____

License Number _____

In Conclusion

How did you first learn about Upper Iowa University?

- Alumni
- Colleague
- Advertising materials
- Word of mouth
- Other (please specify) _____

Signature

My signature below indicates that the information in my application is complete, factually correct, and honestly presented.

Signature of Applicant

Date

Upper Iowa University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, marital status, or sexual orientation.

UPPER IOWA UNIVERSITY - ADMISSIONS OFFICE

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