Application for Admission to the RN-BSN Track
Baccalaureate Degree Program

Thank you for applying to the Mary Black School of Nursing at the University of South Carolina Upstate—Greenville Campus/Palmetto College. Please note that admission is selective and competitive; it is important for you to complete the below five steps in a timely manner.

- Apply online to USC Upstate for the RN-BSN program: Nursing-RN, $40 application fee
  [http://www.uscupstate.edu/apply/](http://www.uscupstate.edu/apply/)
- Apply to Mary Black School of Nursing via attached application or online
- Send all Official transcripts (electronic is acceptable) to USC Upstate in Spartanburg at:
  USC Upstate Admissions,
  800 University Way, Spartanburg, SC 29303
- Complete online Criminal Background Check at the time of application to the Mary Black School of Nursing
- Completion of all prerequisite courses with a grade of C or better
- All applicants must have a diploma or associate degree in nursing and an active, clear, unrestricted nursing license

Applications will be reviewed for the Fall, Spring and Summer sessions. If applying via attached application, please email it to twade2@uscupstate.edu or fax: 864-250-6731.

Please call us if you have any questions:
864-552-4262

Trish Wade, RN-BSN Advisor
USC Upstate—Greenville
Mary Black School of Nursing
225 S. Pleasantburg Dr.
Greenville, SC 29607
864-552-4262

The University of South Carolina provides equal opportunity and affirmative action in education and employment for all qualified persons regardless of race, color, religion, sex, national origin, age, disability or veteran status.
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Semester of choice:  Fall 2019 ( )  Spring 2019 ( )  Summer 2019 ( )
Educational choice:  In Class ( )  Online ( )

General Information:
First name: _______________________________  Middle: _______________________
Last name: ___________________________________________________________________
Other names under which your record may be listed: __________________________________
Employer: ___________________________________________________________________

Demographic Information: admissions decisions are not affected by this information and it will be kept confidential. It is requested for statistical reporting only and is optional, but it will help us better serve your needs.
Gender:  Female ( )  Male ( )
Ethnic Background:  White, non-Hispanic origin( )  Black, non-Hispanic origin( )
                      Hispanic( )  Native American/Alaskan native( )
                      Asian or Pacific Islander( )  Other ( )
U.S. Citizen:  Yes ( )  No ( )

Date of Birth:  ________/_______/________

Current telephone numbers:
Home: _____________________________  Cell: _____________________________

Email address: __________________________________________________________________
Home mailing address: ____________________________________________________________

City: ________________________________ State: ___________________ Zip:_____________

**Academic Information:**

**Colleges and Universities Attended for Credit**

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<th>Date left</th>
<th>Currently enrolled? Y/N</th>
<th>Degree/diploma earned?</th>
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Please indicate any disabilities or special needs that you have:______________________________________

Do you have a current RN license that is in good standing? Yes ( ) No ( )

If Yes, please list your license number and the state in which you practice:

License #: __________________________   State: ________________

If No, what date do you expect to take your NCLEX? __________________________

Sign and Submit via email or fax:

By signing or typing your name below you agree that you certify the information on this application is true and complete to the best of your knowledge.

__________________________________________  Date: __________________