



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. 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/>
- Apply to Mary Black School of Nursing via attached application or online, no fee
<http://www.uscupstate.edu/academics/nursing/forms/forms.aspx?ekfrm=46693>
- Send all Official transcripts 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: <https://www.srandi.com/Student/Default.aspx>
- 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 within the United States.

Applications will be reviewed for the Fall, Spring and Summer sessions. If applying via attached application, please email 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

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Semester of choice: Fall 2017 () Spring 2018 () Summer 2017 ()

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: _____ Work: _____

Email address: _____

Home mailing address: _____

City: _____ State: _____ Zip: _____

Academic Information:

Colleges and Universities Attended for Credit

Institution name	Entrance date	Date left	Currently enrolled? Y/N	Degree/diploma earned?

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: _____

Please indicate the date that you submitted your criminal background check: _____