APPLICATION FOR ADMISSION
TO THE BACONE COLLEGE
BILLIE R. TOWER DEPARTMENT OF NURSING
RN to BSN Degree Completion Program

_____ Online degree completion program _____ Online-blended degree completion program

NAME: _____ DATE: _____
Last First Maiden/Previous Married Name

MAILING ADDRESS: _____
Street or Box No. City County State Zip

TELEPHONE: _____ BIRTHDATE: _____ GENDER: _____

ETHNICITY: _____ TRIBE: (If American Indian/Alaskan Native): _____

OCCUPATION: _____

MARITAL STATUS: (Circle One) Single Married Widowed Divorced

DATE of HIGH SCHOOL GRADUATION (or the equivalent): _____

DATE of ADN/DIPLOMA PROGRAM GRADUATION: _____

NAME OF ADN/DIPLOMA PROGRAM: _____

WHO REFERRED YOU TO THE NURSING PROGRAM?

_____Parent _____Bacone College Recruiter _____Bacone College Student _____Alumni

_____Media (Specify): _____ _____Other (Specify): _____

HEALTH RELATED EXPERIENCE AND LENGTH OF WORK FOR LAST TWO YEARS :

_____

_____

WHAT LED YOU TO PURSUE AN ADVANCED DEGREE IN NURSING AT BACONE COLLEGE?

_____

_____

_____

_____

_____

*Please return this form, by mail, to Bacone College
Office of Admissions/DAE
2299 Old Bacone Road
Muskogee, OK 74403

BACONE COLLEGE

Reference Letter for RN to BSN Degree Completion Program

This letter is sent in reference to _____ who has applied for admission. This person gave your name as someone who could evaluate them.

Evaluate the following areas using the scale listed below:

0-Do Not Know 1-Poor 2-Fair 3- Good 4-Excellent

_____ 1. Honesty

_____ 2. Ethical/moral conduct

_____ 3. Appearance

_____ 4. Dependability/Accountability

_____ 5. Maturity

_____ 6. Judgment/Decision Making

_____ 7. Interpersonal relations with immediate supervisor

_____ 8. Interpersonal relations with immediate supervisor

_____ 9. Interpersonal relations with co-workers

_____ 10. Interpersonal relations with peers

_____ 11. Initiative and Creativity

_____ 12. Motivation for further Education

_____ 13. How would you rate this applicant as a candidate for the RN to BSN degree completion program?

How long have you known the applicant? _____ years.

In what relationship have you known the applicant (co-worker, minister, teacher, employer, counselor)?

_____

What Agency/School/Congregation do you represent? _____

Are you related to the applicant? No_____ Yes_____ If yes, how? _____

NAME_____TITLE_____

ADDRESS_____

DATE_____

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_____

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ADDRESS_____

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