

DATE: _____

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

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

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

TELEPHONE: _____ BIRTHDATE: _____ GENDER: _____

EMAIL ADDRESS: _____

ETHNIC BACKGROUND: _____

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: _____

CITY/STATE OF ADN/DIPLOMA PROGRAM: _____

WHAT SEMESTER ARE YOU INTERESTED IN BEGINNING THE RN TO BSN PROGRAM?

FALL _____ SUMMER _____ SPRING _____

WHO REFERRED YOU TO THE NURSING PROGRAM? _____

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 co-workers
- _____ 9. Interpersonal relations with peers
- _____ 10. Initiative and Creativity
- _____ 11. Motivation for further Education
- _____ 12. 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 _____

PHONE NUMBER: _____ DATE _____

SIGNATURE: _____

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