

**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
SCHOOL OF NURSING**

**RN TO BSN PROSPECTIVE STUDENT RECORD
Hickory, North Carolina**

Please answer all questions. Print or type your responses in ink. Return the completed form to:

Linda Anderson, Hickory Outreach Program
UNCG School of Nursing, P. O. Box 26170
Greensboro, NC 27402-6170
(336) 334-5265

A. PERSONAL INFORMATION

PREFIX (Please circle): Mr. Mrs. Ms. Miss

Last First Middle/Jr. Preferred

Social Security # (optional) Date of Birth County of Residence

Mailing Address/RFD/Street/Box City/State Zip

Phone () _____ () _____ () _____
Home Work Fax

If we need to call you, indicate which phone number (circle Home/Work) you prefer us to call and time of day _____

E-mail Address _____

Employer _____

Your Position _____

Work full-time _____ part-time _____ shift _____

B. PRIOR EDUCATION

High School(s) Attended City From/To
(Month & Year)

Please indicate if you completed the following during high school (you do not need to fill this in if you graduated from a Community College in North Carolina):

_____ 2 years of the **same** foreign language
_____ Algebra I _____ Algebra II _____ Geometry
_____ U. S. History

**Please list ALL colleges/universities attended AND/OR currently attending, including UNCG.
NOTE: List the name under which you attended each school.**

College/University	City/State	From/To	Degree Earned (Month/Year)	Name (Last) Under Which You Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate below the Community/four-year College(s) at which you plan to take courses.

C. COMPUTER SKILLS:

I own _____ or have access to _____ a computer.

I have/use _____ Email, _____ Internet access, _____ Word processing, _____ PowerPoint or other graphics, _____ other _____.

This is not a formal application to UNCG.
8/12/03