



AQUINAS COLLEGE  
R.N. - B.S.N. PROGRAM

Intent to Enroll Form

**Instructions:** This form is for use by students who are currently enrolled in the Aquinas College Associate of Science in Nursing (A.S.N.) program. Other applicants to the R.N.-to-B.S.N. program should complete the general Application for Admission and the supplemental R.N.-to-B.S.N. Application.

Please note that A.S.N. graduates who have been out of college for more than one semester must reapply to the College and meet all requirements for admission, including a GPA of 2.5.

**ADMISSION REQUIREMENTS**

Aquinas College students enrolled in the last semester of the A.S.N. program may initiate the admissions process by submitting this completed application to the Office of Admissions **by the last day of mid-term break of their last semester.** As soon as practical, applicants must also submit:

- Two (2) letters of recommendation from nursing faculty (due upon completion of the A.S.N. program).
- Results of NCLEX-RN examination.
- Evidence of employment as a registered nurse before classes begin.

**ENTRANCE TERM**     Fall (August)     Spring (January)     Summer (May/June)    **Year 20** \_\_\_\_\_

**Name:** \_\_\_\_\_  
First Middle Initial Last

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list all positions held over the past five years, beginning with current or most recent position.

Employer	Position held			Supervisor
	From (mm/yy):	To (mm/yy):	Job title	Name
Company				
Address	Duties			Title
Previous company				
Address	Duties			Title
Previous company				
Address	Duties			Title

**OTHER REQUIRED INFORMATION**

Have you ever had your nursing license revoked or suspended?     Yes (Please attach a letter of explanation.)     No     Not applicable

Are you receiving or have you ever received treatment for any physical, emotional, and/or mental problem which has interfered with or which may interfere with your ability to practice nursing?     Yes (Please attach a letter of explanation.)     No

**SIGNATURE**

By checking this box, I certify that all the information on this application is accurate and true. I understand that misrepresentation can lead to dismissal from the R.N.-to-B.S.N. program.

**NOTICE**

Criminal background checks are required of all nursing students. Additional information will be provided upon acceptance into the R.N.-to-B.S.N. program.

\_\_\_\_\_  
 Applicant Date

*Aquinas College is committed to fulfilling its mission without discrimination on the basis of race, ethnicity, national origin, religion, age, gender, disability, or veteran status.*