

BACHELOR OF SCIENCE IN NURSING SUPPLEMENTAL APPLICATION

 New Broward College Student
 Current/Former Broward College Student

Last Name	First Name	Middle Initial	Suffix

Have you ever had a different last name? Yes no If yes, what name(s)?

Social Security Number			
	-		

Broward College Identification Number				
	-		-	

RN License Number

Gender		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other

Date of Birth (i.e. XX; XX; 19XX)		

Home Phone	()	-		Work Phone	()	-	
Cell Phone	()	-		Alternative	()	-	

E-Mail Address	
	@

Permanent Address: Street and Number

City	State	Zip Code

Mailing Address (if different from above): Street and Number		

City	State	Zip Code

Country of Citizenship	Ethnicity
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If NOT a US Citizen, what is your country of citizenship? _____	Information on ethnic origin, sex and age of student is voluntary and is used for demographic or informational purposes only.
According to the United States Immigration Service: <input type="checkbox"/> I am an international student <input type="checkbox"/> I have a resident alien number <input type="checkbox"/> I have political asylum <input type="checkbox"/> I am a refugee <input type="checkbox"/> List Alien Registration Number: _____	Please check (✓) the appropriate box (optional): American Indian or Alaskan Native <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic origin <input type="checkbox"/> Other

Expected Term of Entrance: Please check (✓) One			
<input type="checkbox"/> Fall (August/ September)	<input type="checkbox"/> Spring (January)	<input type="checkbox"/> Summer (May)	Year

Indicate the program length of study that best fits your lifestyle/schedule.	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
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Are You a Military Veteran? Yes _____ No _____	If Yes: Active Duty _____ Inactive _____	Retired _____ Reserve _____	Discharged: Honorable _____ Medical _____ Other _____
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Last Name	First Name	Middle Initial	RN License Number
High School/GED Information			
Name of High School:			
City and State:		Month Graduated:	Year:
State where GED was awarded:		Month GED was completed:	Year:

College/University Record			
You must list in chronological order EVERY college or university attended starting with the most recent. Include schools even if you did not complete a term. If additional space is needed, please use a separate sheet.			
List names of all colleges previously attended here:	Graduated	Degree Awarded	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Attended another college? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you leave in good academic standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, indicate whether you were: <input type="checkbox"/> Probation <input type="checkbox"/> Suspended <input type="checkbox"/> Dismissed Please attach explanation on separate sheet.	Are you eligible to return? <input type="checkbox"/> Yes <input type="checkbox"/> No

In case of an emergency, please notify:			
Name:		Relationship to student	
Address:			
Home Phone	()	-	
Work Phone	()	-	
Cell Phone	()	-	

I **acknowledge by my signature** that I understand the College is collecting my social security number for the purpose of complying with federal and state statutes related to employment, financial and academic assistance and inter-institutional articulation or transfer, and that the College may disseminate that information in some communications with outside organizations, while taking precaution to safeguard use of the number. I also understand that should I choose not to have my social security number transmitted to the Internal Revenue Service (IRS) in response to [Hope/Lifetime Learning Tax Credit](#) reporting, I face the possibility of a fine of \$50.

I hereby apply for admission to the Bachelor of Science in Nursing Program and agree that, if accepted, I will abide by all rules, procedures, and policies of the college, now and hereafter adopted, as set forth in the Board of Trustees Rules and Procedures Manual and as published in the College Catalog and Student Handbook. I certify that as a condition of admission, I will not unlawfully possess, use, sell, purchase, manufacture, deliver or possess with the intent to sell, purchase, manufacture or deliver any controlled substance while enrolled at Broward College (BC). I understand that it is my responsibility to request that my high school and/or college transcripts be forwarded to the college. However, I authorize Broward College to obtain my high school and/or college transcript(s) and other necessary admission records, including test scores, from other institutions that I have attended, electronically and/or hard copy. I certify that the answers given herein are true and correct. I further understand that a false statement in this application or any admission document will subject me to penalties pursuant to §837.06, [Florida Statutes](#); and is grounds for denial of admission or, upon further discovery, grounds for dismissal and invalidation of college credit or degree based on such credit.

By signing this application, I am granting permission to Broward College, its agents and staff to use video and photographs of myself for BC promotional/advertising materials without charge. No promises have been made and no consideration is involved in their use. If I do not want BC to use videos and photographs of myself, I will inform the Associate Dean of the Bachelor of Science in Nursing program in writing, prior to having the video or photograph taken.

Print Name (in ink): _____ **Date:** _____

Signature (in ink): _____ **Date:** _____

Mail or Hand Deliver Applications to:	Broward College – RN-BSN Program, Bldg. 109/Room 207 2050 Civic Center Place, Miramar, Florida 33025
Fax Applications to:	(954) 443-7539
E-Mail Applications to:	BSN@broward.edu

Office Use Only	Admin Code	Status	Entered By	Date

