



COLLEGE of NURSING

EAST TENNESSEE STATE UNIVERSITY

Dual Degree RN to BSN PROGRAM Pre-Assessment Application

Please PRINT

- Scan and email completed form to Matt Johnson, johnsonm@etsu.edu

Name: _____ Date: _____

Mailing Address: _____

Preferred Contact Phone Number: (_____) _____

Email Address: _____

Are you currently in an Associate RN Program? (Please circle) YES NO

Institution you are currently attending: _____

Education:

Table with 7 columns: School, Country, State, Dates Attended, Degree(s) Earned, Degree Date, Major(s). It contains three empty rows for data entry.

When do you plan to graduate with your Associate RN degree? _____ Semester/Year

Have you been accepted to OR attended ETSU in the past? (Please circle) YES NO
(If you have been accepted at ETSU previously, complete and submit the Re-Admit Form to the university (no fee) and submit updated transcripts.)

Preferred semester you want to start the Dual Degree RN to BSN Program:
Summer List Year: _____