



CONCORDIA UNIVERSITY IRVINE

1530 Concordia West Irvine, CA 92612 • 949-214-3010

STATEMENT OF INTENT: RN to BSN Program

PERSONAL INFORMATION (Please type or print clearly)

Name: _____ Date of Application: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

Applicant plans to attend program (please check one) Part time Full time Intending to enter term/year: _____

Type of basic nursing education: LVN Diploma ADN Degree Other Degrees

EDUCATIONAL BACKGROUND (List all institutions since high school)

School Name	Dates Attended	Diploma or Degree Received	Date Awarded

EXPERIENTIAL BACKGROUND

Organization	Full Time or Part Time	Position	Specialty	Dates Employed

Supplemental Statement:

Why do you want to attend the RN to BSN Program at Concordia University? What are your goals and purposes in seeking higher education in nursing?

RETURN COMPLETED FORM TO:

**Concordia University
Office of Admissions
Attn: RN to BSN Program
1530 Concordia West
Irvine, CA 92612**