

Personal Information

First Name:		MI:		Last Name:	
Student ID:		Birth Date:		Phone #:	
SSC Email:		Personal Email:			
Street Address:				City:	
State:		Zip Code:		Permanent Resident Ohio:	

RN License Information

Type of RN License:		RN License #:	
Years of RN Experience:		License Expiration Date:	

Academic Background

ADN- Institution:		Graduation Date:	
SSC Graduate:		Reapplicant:	
		Overall GPA:	

Prerequisite Course Grades (Grade Required "C" or higher)

Course	Grade	Course	Grade	Course	Grade
BIO221:		MTH124:		PSY123:	
SOC121:		ENG124:			

RN-BSN General Curriculum Course Grades (Grade Required "C" or higher)

Course	Grade	Course	Grade	Course	Grade
PHL 122		ENG231:		Arts & Humanities Elective (1)	
NTR121:		HIS100:		Social Science Elective (1)	
PSY220:		COM121 or COM122:			

Do you have the required documents?

ADN Official Transcript	RN license
Eligible BCI Email from SSC Security	Completed 15–30 credits from OT36 (Ohio Transfer 36)
C or better in all courses	Application Form

Electronic Signature:		Date:	
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