



Odessa College Nursing Program Application for Admission

Applicant Information: TYPE ONLY

Name (As it appears on Driver's License):

Last Name *First Name* *Middle Name*

Date of Birth _____ **U.S. Citizen** (yes/no) _____

If No, Country of Citizenship _____ **State of Residency** _____

Address: _____

Street *City* *State* *Zip*

Mailing Address: *if different from above:* _____

OC E-Mail: _____ **OC Student ID:** _____

Personal Email: _____

Other Name(s) on Transcript: _____

Last *First* *Middle*

Phone Number *with Area Code*

Home: _____ **Work:** _____ **Cell:** _____

Emergency Contact: _____

Name *Relationship* *Phone Number (s) with Area Code*

Current RN License Number _____ **State of Licensure** _____

Educational Background: High School/GED

Name of School	Location	Dates Attended	Date Conferred

College/University: List most recent first; list ALL attended Cumulative GPA: _____

Name of School	Location	Dates Attended	Maj. Course of Study	Degree Earned/Date

Professional Experience:

Current Employment Status (Employed, Unemployed, Other) _____

Current Employer _____ **Position (Job Title)** _____

Years of Nursing Experience _____

Have you previously applied to our programs (yes/no). If so, list which program and date of application: _____

Are you currently or have you ever served in the military (yes/no) dates: _____

Odessa College Nursing Program Application for Admission

Notice: The Odessa College Nursing Programs have selective admission criteria. Not all candidates who apply are accepted. See the program application resources, including BSN admission guide & checklist .

I certify that all the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for program rejection or dismissal.

Date: _____

Signature: _____

Odessa College does not discriminate in regard to race, color, age, ethnic/national origin, religion/creed, marital status, veteran status, or disability.

Completed applications for the RN program MUST be submitted to BSN@odessa.edu

**Odessa College Nursing Program
Application for Admission**

Odessa College Nursing Transcript Checklist

RN to BSN Program Applicants: All RN to BSN applicants must schedule a time to meet with a School of Health & Sciences Academic Success Coach to complete this form prior to application to the nursing program. The Transcript Checklist is a required document that must be submitted to the RN to BSN program.

Use the QR Code to schedule an appointment with an Academic Success Coach.

**Success Coaches are the only authorized personnel to complete this form. **



Applicant Name: _____

Nursing Program(s) applying to: _____

- Transcript evaluation, if applicable. Students must submit all previous college/university/high school transcripts.
- Enrolled as a current Odessa College student
- Anatomy & Physiology (BIOL 2401)- must be a “C” or better. No expiration date.**
 - Approved substitution (if applicable):
 - Notes:
- Anatomy & Physiology (BIOL 2402)- must be a “C” or better. No expiration date.**
 - Approved substitution (if applicable):
 - Notes:
- Composition I (ENGL 1301)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

Odessa College Nursing Program Application for Admission

- Composition II (ENGL 1302)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

- Federal Government I (GOVT 2305)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

- Texas Government (GOVT 2306)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

- United States History I (HIST 1301)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

- United States History II (HIST 1302)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

- American Minorities Study (HUMA 2319)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

- Statistics (MATH 1342)- must be a “C” or better.**
 - Approved substitution (if applicable):
 - Notes:

**Odessa College Nursing Program
Application for Admission**

Physical Fitness and Sport (KINE 1164)- must be a “C” or better.

- Approved substitution (if applicable):
- Notes:

Art Appreciation (ARTS 1301)- must be a “C” or better.

- Approved substitution (if applicable):
- Notes:

Learning Frameworks (PSYC 1300)- must be a “C” or better.

- Approved substitution (if applicable):
- Notes:

Lifespan Growth & Development (PSYC 2314). *PSYC 2301 is a pre-approved course substitution.

- Approved substitution (if applicable):
- Notes:

Microbiology (BIO 2421)- must be a “C” or better.

- Approved substitution (if applicable):
- Notes:

Jogging/Walking (KINE 1106)- must be a “C” or better.

- Approved substitution (if applicable):
- Notes:

Total General Education Course Hours: _____ **Overall GPA:** _____

Success Coach Signature: _____ Date: _____

Date Received by Nursing Department: _____

Nursing Department Personnel Signature: _____