

# RN-MS Program

Date Received \_\_\_\_\_

**Texas Woman's University**  
**College of Nursing**  
**Bachelor of Science Programs in Nursing RN MS Program**  
**Application for Admission to Upper Division Nursing Courses**  
[www.twu.edu/nursing](http://www.twu.edu/nursing)

**Name:** \_\_\_\_\_ **Colleague ID #** \_\_\_\_\_  
(Last) (First) (Colleague ID available after admission to the University.)

**Address:** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
(Area Code) Home

**City/ST/Zip:** \_\_\_\_\_  
(Area Code) Work

**E Mail:** \_\_\_\_\_  
(Area Code) Cell

**Requested Campus/Center:** Denton \_\_\_\_\_ Dallas \_\_\_\_\_ Houston \_\_\_\_\_

**Semester applying for admission to upper division nursing courses:** \_\_\_\_\_  
(Semester) (Year)

**Current GPA:** \_\_\_\_\_ **Date admitted to TWU:** \_\_\_\_\_

**Current licensure:** None \_\_\_\_\_ RN \_\_\_\_\_

**Previous Academic Degree:** No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, what degree(s)?** \_\_\_\_\_

**Have you taken course work at TWU?** No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, what year(s)?** \_\_\_\_\_

**Have you taken the GRE or MAT?** No \_\_\_\_\_ Yes \_\_\_\_\_

**Have you taken nursing courses at another College/University?** No \_\_\_\_\_ Yes \_\_\_\_\_

**If yes, what College/University?** \_\_\_\_\_

**Colleges and/or universities attended and the year(s) attended:**

College	Year	College	Year
_____	_____	_____	_____
_____	_____	_____	_____

Course(s) in which currently enrolled (Submit proof of enrollment)	Semester/Yr	Additional courses which will be completed prior to starting nursing courses:	Semester/Yr
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I attest that by signing this application all information above is true and correct and that I have read and followed the College of Nursing and Admission Program Requirements for the semester to which I am applying.

\_\_\_\_\_  
**Student Signature** **Date**

**Submit this application to:** TWU College of Nursing, Denton, P.O. Box 425498, Denton, TX 76204-5498  
TWU College of Nursing, Dallas, 5500 Southwestern Medical Avenue, Dallas, TX 75235-7299  
TWU College of Nursing, Houston, 6700 Fannin Street, Houston, TX 77030-2897

\*In accordance with Leg. House Bill 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any incorrect information.  
10.06.09