

MURRAY STATE UNIVERSITY
 SCHOOL OF NURSING
 2000 College Drive
 Madisonville KY 42431
www.murraystate.edu



RN BSN PROGRAM COORDINATOR
 270-824-1815
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PROSPECTIVE RN BSN STUDENT INFORMATION FORM

FIRST NAME	LAST NAME	MI
ADDRESS		
CITY	STATE	ZIP
COUNTY		
REGIONAL SITE ___Madisonville ___Paducah ___Henderson ___Hopkinsville ___Murray <small>Place where you plan to attend classes.</small>		
PHONE (home)	(cell)	
BEST TIME TO CALL		
Email:		
PLACE OF EMPLOYMENT/DEPARTMENT		
APPLIED TO MSU ___YES DATE _____ NO ___ <small>*When applying to MSU please indicate RN BSN as major.</small>		
TRANSCRIPTS FORWARDED TO MSU ___YES DATE ___ NO ___ <small>*Official advising cannot be conducted until official transcripts have been forwarded.</small>		
INSTITUTIONS OF HIGHER EDUCATION ATTENDED		
INSTITUTION	DATE	DEGREE/NON DEGREE
PLAN TO ENROLL AT MSU FALL _____ SPRING _____ SUMMER _____ Year _____		

COMMUNICATION NOTES:

PLEASE RETURN THIS FORM BY EMAIL TO: msu.rnbsn@murraystate.edu

FORM 003
 Revised 5/5/11