



# 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](mailto:BSN@odessa.edu)**

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**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 College Life 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 College Life Coach.

*\*College Life 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:

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**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:** \_\_\_\_\_

College Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Nursing Department: \_\_\_\_\_

Nursing Department Personnel Signature: \_\_\_\_\_