



**Interest in the Online RN- BSN Nursing Program  
Virginia State University  
Department of Nursing**

Name:

_____	_____	_____	_____
Last	First	Middle	Maiden

Address:

_____	_____	_____
Number	Street	Apt. #

_____	_____	_____
City	State	Zip code

Phone Number(s) (include area code): \_\_\_\_\_

Cell: (    ) -                      Home: (    ) -

E-mail address: \_\_\_\_\_

Other names used (if applicable): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

List the name of the colleges previously attended and the degree earned, please list the most recent first:

Hospital School of Nursing/College/University	Location (City, State, Country, if outside the USA)	Dates attended (mm/yyyy –mm/yyyy)	Degree Earned

Name of Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employer's phone number (include area code): \_\_\_\_\_

Is this a Rural Health Facility: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Registered Nurse License #: \_\_\_\_\_ State: \_\_\_\_\_

Is this a multi-state license: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you completed all pre-requisites?

Anatomy and Physiology (8 credit hours): Yes \_\_\_\_\_ No \_\_\_\_\_

Microbiology (4 credit hours): Yes \_\_\_\_\_ No \_\_\_\_\_

Elementary Statics (3 credit hours): Yes \_\_\_\_\_ No \_\_\_\_\_

Informatics (3 credit hours): Yes \_\_\_\_\_ No \_\_\_\_\_

Developmental Psychology, Lifespan (3 credit hours) Yes \_\_\_\_\_ No \_\_\_\_\_

What is your race/ethnicity (check all that apply):

Black/African American: \_\_\_\_\_

White: \_\_\_\_\_

American Indian/Alaska Native: \_\_\_\_\_

Asian: \_\_\_\_\_

Native Hawaiian/Other Pacific Islander: \_\_\_\_\_

Hispanic/Latino \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ not identified \_\_\_\_\_

U. S. Citizenship Status: Native \_\_\_\_\_ Naturalized \_\_\_\_\_

Primary Language: \_\_\_\_\_

U. S. Military Status:

No Military Service \_\_\_\_\_ Active duty \_\_\_\_\_ Spouse: \_\_\_\_\_

Dependent \_\_\_\_\_ Active reserves \_\_\_\_\_ Inactive reserves \_\_\_\_\_

National Guard \_\_\_\_\_ Retired \_\_\_\_\_ Veteran \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return this program inquiry form to Dr. Sibena Samuel-Harris at [ssamuel-harris@vsu.edu](mailto:ssamuel-harris@vsu.edu). You may also contact the Department of Nursing at 804-524-5327.