



*Department of Nursing
11935 Abercorn St.
Savannah, GA 31419
912-927-5311 or 912-927-5302*

RN Options Program Application Instructions

1. Applicants must apply and be accepted to Armstrong Atlantic State University and indicate on AASU application that the intended major is BSN or MSN. All transfer credits must be evaluated by the Registrar's office and posted on the AASU transcript.
2. Application to the nursing program is a separate process.
3. Applications to the Baccalaureate Nursing Department the following information attached to the application:
 - a. AASU transcripts showing all college courses completed including transfer credit, if applicable. A transcript for the Nursing Department does not have to be official.
 - b. Please be advised that submission of transcripts to the Registrar does not mean that the Nursing Department has a copy.
5. Proof of licensure will be validated by the Department of Nursing.



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Please print or type:

Term you plan to enter: _____

Full Legal Name: _____
Last First Middle

Present Mailing Address: _____
Street City State Zip

Telephone: Home: _____ Work: _____
Area Code/Number Area Code/Number

Date of Birth: _____

*Gender: _____ Male _____ Female

*Race: Black American American Indian, Alaskan Caucasian
 Hispanic Asian Multiracial

Marital Status: Single Married Other

Have you ever attended a college, university or other school beyond the high school level?
_____ Yes _____ No

If yes, complete the following information. Please request an official transcript be mailed to the **Office of the Registrar**, Armstrong Atlantic State University, by each institution listed. ***It is your responsibility to see that all transcripts are sent.***

Education History: (list most recent first)

Complete Name of School	Location (City, State)	From (mo/yr)	To (mo/yr)	Graduation Date	Degree

Employment History: (list most recent first)

Employer	Position	Dates Employed	Full Time	Part Time

I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

<p>Office Use: Validation of Licensure</p> <p>License Number: _____</p> <p>Expiration Date: _____</p> <p>Validated By: _____</p>
