



LPN to BSN Completion Application

Applicant Information

Full Legal Name		
Former Name (s)		
Student Identification #(A number) or Social Security Number		
Date of Birth		
Home Mailing Address		
City , State, and Zip Code		
Phone		
E-Mail Address		

Please note that an email address is **REQUIRED**. All applicants are notified of their status via email.

The LPN-BSN Completion Concentration (6002) Bachelor of Science in Nursing Program is intended for licensed practical nurses (LPNs) or Licensed Vocational Nurses (LVNs) that have graduated from an accredited nursing program.

The Program will be offered in a hybrid format with some on campus requirements. Please indicate your semester start and campus preference for on campus requirements. Please note that we cannot guarantee your campus preference. **Mandatory on campus orientation takes place the first day of class.**

- Spring (January) Fall (August)
 Vincennes Campus Jasper Campus.

Please list college/university where your Practical/Vocational Nursing Program was completed. **Official transcripts must be on file at VU.**

LPN/LVN Licensure Information State of _____ License # _____

A copy of your license must be attached to this application.

By signing below, you affirm that the information on this application is correct. Applicants should review the Essentials Skills and Functions required for nursing at www.vinu.edu/nursing to ensure they can complete program requirements. Applicants selected for admission will be required to attend mandatory orientation. Dates for orientation can be found at www.vinu.edu/nursing. Falsification of your application may result in your denial of admission to the Nursing Program and/or Vincennes University.

Signature

Date