

# REGISTERED NURSING to BACHELOR of SCIENCE NURSING (RN-BSN) DEGREE APPLICATION - FALL 2025

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 PREVIOUS NAMES: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 COUNTY OF RESIDENCE: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

STUDENT ID: C \_\_\_\_\_ Cochise College  
 E-MAIL: \_\_\_\_\_@students.cochise.edu

PHONE: (home) ( ) - - WORK: - - CELL: - -

Please check all that apply:

- ☐ Cochise College Nursing Graduate ☐ Military Veteran  
☐ Cochise County Nurse Employment ☐ Other

## COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_  
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COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_  
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## AGREEMENT OF UNDERSTANDING

By initialing each of the following, I, the applicant, understand:

- \_\_\_\_\_ Willful withholding or falsification of the requested information, or failure to submit all requested forms, will indicate that I am no longer eligible for admission to the Cochise College RN to BSN program.
- \_\_\_\_\_ Forms/documents listed below must be post-marked by December 16 for Spring semester and according to the submittal requirements in order to be considered for acceptance into the Cochise College RN to BSN program.
- \_\_\_\_\_ The applicant understands that submittal of the application and all other required documents does not guarantee acceptance. In order to ensure proper notification of acceptance or decline into the program for a student, it is the responsibility of the student to keep the Cochise College Nursing Department informed of important changes such as a name change, a change of address, or a new telephone number.
- \_\_\_\_\_ Admission to the program requires successful completion of an associate degree nursing program at a regionally accredited institution validated by transcript(s) and possession of an active, unencumbered RN license.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the applicant, understand the following application deadline date: **August 14, 2025**

APPLICATION CHECKLIST:	DUE DATE:	SUBMITTAL REQUIREMENTS:
<b>Program Application</b>  <b>Official Transcript(s)</b> from institutions other than Cochise College are to be sent to the "Transcript Department" via electronic submission from institution to institution. <i>*Unofficial transcripts can accompany application.*</i>  <b>Copy of your active unencumbered Arizona RN license.</b>  <b>Letter of Verification for Cochise County employment.</b>	August 14, 2025 cannot be post-marked later than this date.	The application may be submitted via email to: <b>adamsa@cochise.edu</b> , sent by certified mail, or delivered in person at the Downtown Center, addresses listed below:  Certified mail to: <b>Cochise College Nursing</b> <b>901 N. Colombo Ave</b> <b>Sierra Vista, AZ 85635</b>  In person drop off: <b>2600 Wilcox Dr.</b> <b>Sierra Vista, AZ 85635</b>



## EQUAL OPPORTUNITY STATEMENT

Cochise College is committed to the principles of Equal Opportunities in Education and Employment. No person, on the basis of race, color, creed, religion, sex, or national origin will be denied the benefits of, excluded from, or subject to discrimination under any educational program or activity.