

REGISTERED NURSING to BACHELOR of SCIENCE NURSING (RN-BSN) DEGREE APPLICATION - FALL 2026

LAST NAME: _____
 PREVIOUS NAMES: _____
 MAILING ADDRESS: _____

CITY: _____
 COUNTY OF RESIDENCE: _____

Cochise College STUDENT ID: C _____

PHONE: (home) (_____) _____ - _____

FIRST: _____ MIDDLE: _____
 MAIDEN NAME: _____
 EMAIL: _____

STATE: _____ ZIP: _____
 HOW LONG? _____

Cochise College E-MAIL: _____@students.cochise.edu

WORK: _____ - _____ CELL: _____ - _____

Please check all that apply:

Cochise College Nursing Graduate Military Veteran Cochise County Nurse Employment

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 May 15 for Fall 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: **May 15, 2026**

APPLICATION CHECKLIST	DUCE DATE	SUBMITTAL REQUIREMENTS
<input type="checkbox"/> Program Application	May 15, 2026	It is required that the application packet be sent via <u>certified mail</u> or in person at the Downtown Center (SV).
<input type="checkbox"/> Official Transcript(s) from institutions other than Cochise College are to be sent to the "Transcript Department" via electronic submission from institution to Institution	Cannot be post-marked later than this date.	In person: Cochise College Downtown Center 2600 Wilcox Dr. Sierra Vista, AZ 85635
<input type="checkbox"/> Copy of your active unencumbered Arizona RN license.	Any applications received after May 15, 2026 will be reviewed dependent on space availability.	Certified Mail: Cochise College Nursing 901 N. Colombo Ave. Sierra Vista, AZ 85635
<input type="checkbox"/> Letter of Verification for Cochise County employment (if applicable)		