

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

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

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

Cochise College 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

## COLLEGE EDUCATION HISTORY (other than Cochise College)

COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

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