



Application for Olympic College Registered Nurse to Bachelor of Science in Nursing (RN-BSN) Pathway

Submit application to:

TYPE OR PRINT IN INK

E-Mail: SelectiveAdmissions@olympic.edu

In Person: Office of Admissions | Building 4, 1 | Records and Registration Counter

Mail: Olympic College | Office of Admissions Attn: RN-BSN | 1600 Chester Ave. | Bremerton, WA 98337-1699

☐

New Applicant

☐

Rollover Applicant

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Re-Entry Applicant

Year and quarter you wish to enter: Year: <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Spring (April) <input type="checkbox"/> Summer (July)	Program Plan Preference: Spring Start: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year Summer Start: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year Fall Start: <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year Winter Start: <input type="checkbox"/> 1.5 year <input type="checkbox"/> 2.5 year
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Acceptance to the Registered Nurse to Bachelor of Science in Nursing (RN-BSN) Pathway is determined on the basis of requirements listed in the most current Olympic College catalog. Admission to Olympic College DOES NOT guarantee acceptance to the RN-BSN Pathway. Application to the RN-BSN Pathway is a separate procedure in addition to the application to Olympic College. Please refer to the RN-BSN Pathway Application Packet for forms

Legal Name (Last name) (First name) (Middle name)	CTC ID#	
Address: Number Street/P.O. Box Apt#	Previous Name(s)	
City, State, Zip	Daytime Phone (include area code)	Email
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	

For each of the required prerequisite and support courses, indicate the grade earned and the year and quarter completed. If you have not yet completed the requirement, leave blank, or indicate "IN PROGRESS".

Prerequisites	Minimum 2.0 required		Support courses	Minimum 2.0 required	
Course	Grade	Quarter/Year	Course	Grade	Quarter/Year
ENGL&101			Statistics		
CHEM&121			Advanced Math*		
BIOL&241			Foreign Language** High school (# of years) OR College (# of quarters) Which Language? Were you educated through grade 8 in a foreign language? <input type="radio"/> Yes <input type="radio"/> No		
BIOL&242					
BIOL&260					
PSYC& 100					

* Advanced math is a course with a Mathematics prefix numbered 100 or above

** Official high school transcripts must be submitted if using high school classes to satisfy foreign language requirement. Students who were educated in another language through the 8th grade may be exempt from this requirement

MANDATORY: all applicants must answer this question

Have you ever received any disciplinary action from any college or university, including Olympic College? ☐ Yes ☐ No

If yes, please include a petition letter addressing the disciplinary action, contributing factors, and a mitigation plan to promote future success. Nursing Program entry is NOT an option if the student was disciplined due to a critical safety element

Please initial to acknowledge that you have read the following statement:

Failure to list all schools as indicated below and to submit ALL official transcripts by the application deadline will make your application ineligible.

Initials

List **ALL** colleges, technical schools, and universities attended (including AP coursework taken in high school), in the order of attendance, regardless if the courses/transcripts are applicable to your nursing application. **Official Transcripts** must be submitted to the Office of Admissions at Olympic College for **ALL** schools listed below.
(No omissions. Attach a separate sheet if necessary).

Name of other college, vocational/technical school attended	City and State	Years attended From _____ To _____ Year _____ Year _____	Graduated <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From _____ To _____ Year _____ Year _____	Graduated <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From _____ To _____ Year _____ Year _____	Graduated <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From _____ To _____ Year _____ Year _____	Graduated <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From _____ To _____ Year _____ Year _____	Graduated <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Name of other college, vocational/technical school attended	City and State	Years attended From _____ To _____ Year _____ Year _____	Graduated <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No

Application submission must include:

<input type="checkbox"/>	A one to two page essay describing your personal and professional experiences, leadership, special achievements, accomplishments, special skills, previous work in diverse communities or disadvantaged populations, and professional and educational goals.
<input type="checkbox"/>	Resume outlining professional and/or academic clinical experience.
<input type="checkbox"/>	Three professional recommendations (may be delivered under separate cover.)
<input type="checkbox"/>	One OFFICIAL transcript from EACH previous academic institution sent to the Admissions Office
<input type="checkbox"/>	Submit a copy of current WA State RN license (provisional acceptance may be offered to students in final quarter of ADN program)
<input type="checkbox"/>	\$50 application fee. (Waived for OC ADN students for 2 years after ADN graduation.)
<input type="checkbox"/>	Complete and sign application

I HEREBY CERTIFY that to the best of my knowledge all of the above is true and correct. **If fraud is found**, I will be dismissed from Olympic College and the Olympic College BSN Program.

I ACKNOWLEDGE that it **is my responsibility** to submit a completed application and supporting documents, and that failure to do so **may render my application INELIGIBLE** for the current year. **All application materials** become the property of Olympic College. **The college is NOT responsible for email or FAX error.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Signature

Date

IMPORTANT INFORMATION, PLEASE READ:

The Transcript Evaluation Request form is now available online

You will need your Olympic College email and password to access the form. If you are having issues with your OC credentials, please visit our IT Help Desk to get help.

If the link above does not work, copy and paste the following URL into your browser:

<https://forms.office.com/pages/responsepage.aspx?id=ijeJUBWrwESxutTyHMwwhelehjLevJIEkVpLNXk1yHBUQ1Y2RldKQjFKQ1JEOEZSWkhNM1VLTDVHNS4u>

- **To be eligible for evaluation:**
 - ✓ **ALL OFFICIAL TRANSCRIPTS** must be received by Ranger Station (Registration & Records.)
 - ✓ **Note:** All transcripts **MUST** be received within a year; otherwise, the request will be canceled.
 - ✓ Requests will be processed after tenth instructional day of the quarter, and completion could take up to 8-10 weeks.
 - ✓ Students must be registered for their first quarter of attendance or previously enrolled at OC.
- **Veterans:** Failure to list **ALL** schools attended will delay your evaluation and temporarily affect delivery of benefits.
- **Official Transcripts**
 - ✓ Students are required to submit official, sealed (unopened) transcripts of all colleges, universities, or military training in support of this request.
 - ✓ Send to Olympic College, Registration and Records, 1600 Chester Ave., Bremerton, WA 98337 or electronic transcripts to evaluators@olympic.edu.