

RN to BSN Program Activation & Permission Form

Basic Biographical and Academic Information

Rowan ID (if known)

Social Security Number _____ Date of Birth _____ (MM/DD/YYYY)

1. Legal name _____
last first middle

2. Other names that may appear on your academic records _____

3. Address _____
number and street city state zip code

County _____ State of legal residence _____

Month/year you began living in that state _____

4. Home phone number _____ Work number _____ Cell number _____

5. Email address _____

(Please write clearly. Email is the format we will use to provide you with your activation and registration information.)

6. Race/ethnicity

- Puerto Rican Cuban Central or South American African American American Indian or Alaskan Native
 Asian or Pacific Islander Hispanic-Other White, Non-Hispanic Mexican Choose not to report

7. Gender: Male Female Choose not to report

9. Do you plan to apply/did you apply to the RN to BSN program at Rowan University? _____

If yes, which semester: _____

I AM REQUESTING PERMISSION TO REGISTER FOR THE FOLLOWING:

CRN#

Course Title

CRN#

Course Title

Signature Statement for Activation

I agree that all information supplied is correct to the best of my knowledge. (Please read, check all the boxes below, and sign.)

- I understand that as a non-matriculated undergraduate student I can take no more than 24 credits of undergraduate coursework (no more than 11.5 credits per semester) with the RN to BSN Programs approval only.
- I understand that certain RN to BSN courses are restricted to non-matriculated students.
- I understand that as a non-matriculated student I am not eligible to apply for or utilize financial aid for the RN to BSN courses listed above.

X

(signature)

(date)

Signature Statement for Permission to Register

Please enter CRN(s) in the space(s) provided above, and sign and date below.

- I give permission to the RN to BSN program to register me for the course(s) listed above (identified by their 5-digit CRN(s)).
- I have verified that the CRN(s) is correct. (Each box below is for one full, 5-digit CRN.)
- I understand that once registered for this course(s), costs will be generated and assigned to my account. It is my responsibility to pay for all tuition due no later than 30 days prior to the end of each class.
- In addition, I know that any changes to my registration must be requested in writing via email to fortunato@rowan.edu, and must happen within the 5 business day deadline for any class listed above.

X

(signature)

(date)

X

RN to BSN Program Director or Assistant Director of Student Services)

(date)

Note: Once completed please fax this form along with a copy of your RN license to the Assistant Director of Student Services: RN to BSN Program at (856) 256-5638.