

## RN – BSN INQUIRY

This is the RN to BSN Inquiry form. We ask all new, old, and current students interested in enrolling in the BSN Program at Ohio University to complete this inquiry in order to obtain accurate information.

Once you have completed this form, please email, mail, or fax the form to the following contact.

Mail: School of Nursing Email: [nursing@ohio.edu](mailto:nursing@ohio.edu)  
Grover Center E365  
Athens, OH 45701  
Phone: 740-593-4494 (to complete form over the phone)  
Fax: 740-593-0286

Today's Date: \_\_\_\_\_ NAME & ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

Other names that may appear on previous transcripts: \_\_\_\_\_

Current EMAIL: \_\_\_\_\_

From what school(s) did you receive your ADN or Nursing diploma?: \_\_\_\_\_

\_\_\_\_\_ Date(s) Graduated: \_\_\_\_\_

Have you ever attended OU in the past?: YES \_\_\_ NO \_\_\_ NOT SURE \_\_\_

Please provide a PID (Personal Identification Number) Ohio University Students OR  
Social Security Number: \_\_\_\_\_

To which Regional Campus to do plan to apply?: \_\_\_\_\_

(Options: OU-Zanesville, OU-Chillicothe, & OU-Southern\*)

When do you anticipate starting the program? \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Note: Out of state students need to apply to OU-Southern in order to receive reciprocity for in-state tuition.