



RN-BSN PROGRAM APPLICATION

Application Available: August 1, 2025

Application Deadline: Open Until Full

INSTRUCTIONS

Please complete the application by typing into the form. Do not hand write answers. This form must be included with your complete application packet. Please submit your application packet to the RN-BSN Program Advisor, Cinnamon McDonald, *by email at cmcdonald@csuchico.edu*.

Note: You are ready to apply to the RN-BSN program once you have 1.) Completed the Transcript Information Form, 2.) Submitted all official transcripts from all colleges to Chico State, 3.) Have had your transcripts evaluated and reviewed with an advisor, and 4.) Attended an informational/advising session and completed the quiz. [Please see the RN-BSN website for complete details and instructions for each step of the admission process.](#)

Applicants must complete all prerequisite coursework and requirements by the end of the spring semester preceding the summer start of the program.

APPLICATION PACKET CHECKLIST

Read the Applicant Instructions thoroughly (above).

[Attend an Advising/Information Session.](#)

Complete the RN-BSN Program Application Form.

Email the RN-BSN Program Application. In one email with this form, also include your Transcript Information Form (TIF), and all unofficial transcripts together that have new current In Progress or updated grades.

Mail hardcopies of all official transcripts from all colleges according to instructions on the [RN-BSN admissions website](#). (Previous Chico State students do no need to send their Chico State transcript.)

RN-BSN PROGRAM APPLICATION (Select One)	
RN-BSN Advanced Placement Program 2025-2026 Cohort	PHN Only Coursework (N477 & N478) Summer 2026
Today's Date:	
CONTACT INFORMATION	
First & Last Name:	
Other Names or Previous Name(s):	
If applicable, Chico State Student ID#:	
If applicable, Chico State Email Address: Note: Once admitted, this is the primary email used for all official communication.	
Personal Email Address #1:	
Personal/Work Email Address #2 (optional):	
Phone Number:	
Full Home/Mailing Address – Street Address, City, State, Zip Code:	
I am a California Resident: Yes No	
County of Residence:	
EDUCATION & CAREER INFORMATION	
ADN Program Attended:	
ADN Graduation Month/Year or Expected Graduation Month/Year:	
CA RN License # and Expiration:	
Years Working as an RN:	
Where do you currently work as an RN?	
County where you currently work as an RN?:	
Do you have a first bachelor's degree? Yes No If yes, you will be entering the RN-BSN program as a postbaccalaureate student (PBAC).	
Did you complete any Upper Division GE coursework, but did not graduate with a first Bachelor's Degree? Yes No	
If you already completed UD GE RELS 332, list grade and term/year completed. (Waived for PBAC.)	
If you already completed UD GE QTST 310, list grade and term/year completed. (Waived for PBAC.)	
List remaining Lower Division GE and/or prerequisite coursework needed to enter the RN-BSN program:	
Cumulative GPA (listed on your Transcript Evaluation):	
If applicable, Cumulative GPA from last 60 units:	
If applicable, dates of Military Service:	
RN-BSN Program Advising	
Did you attend an RN-BSN Program Information/Advising Session: Yes No	
Date Attended:	

DEMOGRAPHIC INFORMATION
(for Accreditation Reporting Only)

Gender Identification:
Decline to State

Ethnicity:
American Indian or Alaskan Native
Asian, Non-Filipino
Black/African American
Caucasian, non-Hispanic
Filipino
Hawaiian/Pacific Islander
Mexican-American/Mexican/Hispanic
Other
Decline to State

Birth Date and Year:
Decline to State

Age at Time of Application:
Decline to State

Age Range:
<25
26-30
31-40
41-50
51-60
61>
Decline to State