



**Mary Black School of Nursing**  
**Application for Admission to the RN-BSN Track**  
**Baccalaureate Degree Program**

Thank you for applying to the Mary Black School of Nursing at the University of South Carolina Upstate—Greenville Campus/Palmetto College. Please note that admission is selective and competitive; it is important for you to complete the below five steps in a timely manner.

- Apply online to USC Upstate for the RN-BSN program: Nursing-RN, \$45 application fee  
<http://www.uscupstate.edu/apply/>
- Apply to Mary Black School of Nursing via attached application or online—no fee
- Send all Official transcripts (electronic is acceptable) to USC Upstate in Spartanburg at:

USC Upstate Admissions,  
800 University Way, Spartanburg, SC 29303

Or to: [admissions@uscupstate.edu](mailto:admissions@uscupstate.edu)

- Complete online Criminal Background Check at the time of application to the Mary Black School of Nursing
- Completion of all prerequisite courses with a grade of C or better
- All applicants must have a diploma or associate degree in nursing and an active, clear, unrestricted nursing license

Applications will be reviewed for the Fall, Spring and Summer sessions. If applying via attached application, please email it to [twade2@uscupstate.edu](mailto:twade2@uscupstate.edu) or fax: 864-250-6731.

Please call us if you have any questions:

**864-552-4262**

Trish Wade, RN-BSN Advisor  
USC Upstate—Greenville  
Mary Black School of Nursing  
225 S. Pleasantburg Dr.  
Greenville, SC 29607  
864-552-4262

# Application for Admission to the RN-BSN Track Baccalaureate Degree Program

Semester of choice: Fall ( )                      Spring ( )                      Summer ( )

Educational choice:                      In Class ( )                      Online ( )

## General Information:

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Other names under which your record may be listed: \_\_\_\_\_

**Demographic Information:** admissions decisions are not affected by this information and it will be kept confidential. It is requested for statistical reporting only and is optional, but it will help us better serve your needs.

Gender:                      Female ( )                      Male ( )

Ethnic Background:      White, non-Hispanic origin ( )                      Black, non-Hispanic origin ( )

                                    Hispanic ( )                      Native American/Alaskan native ( )

                                    Asian or Pacific Islander ( )                      Other ( )

U.S. Citizen:              Yes ( )              No ( )

Date of Birth:              \_\_\_\_/\_\_\_\_/\_\_\_\_

Current telephone number:

Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Academic Information:**

**Colleges and Universities Attended for Credit**

Institution name	Entrance date	Date left	Currently enrolled? Y/N	Degree/diploma earned?

Do you have a current **RN license** that is in good standing?      Yes ( )      No ( )

If Yes, please list your license number and the state in which you practice:

**License #:** \_\_\_\_\_      **State:** \_\_\_\_\_

If No, what date do you expect to take your NCLEX? \_\_\_\_\_

Sign and Submit via email or fax:

By signing or typing your name below you agree that you certify the information on this application is true and complete to the best of your knowledge.

\_\_\_\_\_      Date: \_\_\_\_\_