

**OLD DOMINION UNIVERSITY  
SCHOOL OF NURSING  
STUDENT PERSONAL DATA SHEET – RN to BSN Program**

Name: \_\_\_\_\_ Original Admission Date \_\_\_\_\_

Circle: RN to BSN  
RN to BSN/MSN

Current Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone: (W) \_\_\_\_\_

County in which you live: \_\_\_\_\_ (Required) Male  Female

Teletchnet Site: \_\_\_\_\_  
Online student: \_\_\_\_\_  
Video Streaming: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (Required) Age: \_\_\_\_\_

UIN #: \_\_\_\_\_ (Required) Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ # of children: \_\_\_\_\_

RN: Diploma  A.D.  Name and Location of school/college attended: \_\_\_\_\_

RN License # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Do You Have Other Degrees? Yes  No  If yes, specify degree and name of college: \_\_\_\_\_

**Racial/Ethnic Background: (This data is used for NLNAC statistical purposes only.)**

African/American  Hispanic  Asian/Pacific Islander   
White: Disadvantaged  White: Non-Disadvantaged   
American Indian/Alaskan  Other:  Please specify \_\_\_\_\_

Are you a U.S. Citizen? Yes  No   
If no, Country of Citizenship \_\_\_\_\_

Are you a member? Golden Key  Sigma Theta Tau   
Phi Kappa Phi  Who's Who   
ANA

Are you a member of any other Nursing organization? Specify \_\_\_\_\_

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**Employment status:**

Full time  Part time

Place of Employment: \_\_\_\_\_

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**Financial Support for College Education (indicate percent from each category; should total 100%)**

\_\_\_\_\_ Self; \_\_\_\_\_ Parents; \_\_\_\_\_ Spouse; \_\_\_\_\_ Financial Aid (specify loan, GI Bill, Scholarship, etc) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Please answer the following questions (REQUIRED for statistics only):**

1. Did you have low average SAT/ACT scores in high school or below the average State test results?  
Yes  No
2. Did you graduate from a school district where 50% or less of graduates go to college?  
Yes  No
3. Do you have a diagnosed physical or mental impairment that substantially limits participation in educational experiences?  
Yes  No
4. Is English your primary language? Yes  No
5. Are you the first person to attend college in your family? Yes  No
6. Did you graduate from a high school where at least 30% of enrolled students are eligible for free or reduced price lunches?  
Yes  No
7. Household Income:  

<input type="checkbox"/> ↓ \$10,000	<input type="checkbox"/> \$25,001 - \$40,000
<input type="checkbox"/> \$10,001 - \$15,000	<input type="checkbox"/> ↑ \$40,000
<input type="checkbox"/> \$15,001 - \$25,000	

**Community Service Activities You Participate In:**

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Return by e-mail to: **amcneal@odu.edu**  
**Ann McNeal**  
**School of Nursing**