

Trinity College of Nursing & Health Sciences
ASN to BSN Transfer Form

I _____, request continued enrollment at Trinity College of Nursing & Health Sciences into the BSN- completion program following my graduation from the ASN program. I expect to begin BSN classes in the _____ term of _____ (year).

Print Name: _____

Student Signature _____ Date _____

Current Address: _____

Phone: _____, E-mail: _____

This form replaces the College application for current Trinity ASN students who intend to enter the BSN program immediately following ASN graduation. The application fee will be waived for students who progress immediately from the ASN program to the BSN program.

Note: Students must provide proof of RN licensure within six months of graduation from the ASN program in order to continue in the BSN program