Application to the Prelicensure Bachelor of Science in Nursing

School of Nursing

Fayetteville State University

1200 Murchison Road, Fayetteville, NC 28301, 910-672-1924

YOU MUST SUBMIT THE ELECTRONIC COPY OF THIS APPLICATION TO THE SCHOOL OF

NURSING (schoolofnursing@uncfsu.edu)

APPLICATION DEADLINES:

MARCH 30TH-FALL ADMISSION

SEPTEMBER 30TH –SPRING ADMISSION

A. PERSONAL INFORMATION

Legal Last Name*	Legal First Name*	Maiden Name
Banner ID#	Date of Birth* (MM/DD/YYYY)	Gender:

B. CONTACT INFORMATION

Mailing Address, Line 1*	Daytime Phone Number
Mailing Address, Line 2	Evening Phone Number
Permanent Address, Line 1	Cell Phone Number
Permanent Address, Line 2	FSU Email Address*
Emergency Contact, Name	Emergency Contact Phone Number
Emergency Address, Line 1	
Emergency Address, Line 2	

C. ACADEMIC BACKGROUND

List **all** post-secondary (college-level) two and four year colleges and universities you have attended, **including Fayetteville State University**. Submit official transcripts of all **OTHER** institutions (not FSU) to the School of Nursing.

Name of Institution	Location	Indicate 2yr/4yr	Begin Date	End Date	Degree Obtained	Degree Awarded Date	Field of Study

 Have you ever been previously enrolled in another nursing program? Yes _____ No _____

If you were previously enrolled in another nursing program, you must submit a letter of good standing from the Nursing Program Chair/Dean/Program Director with your prelicensure application. **Failure to report prior enrollment in another nursing program or to submit the required letter will result in denial of further review for admission to the prelicensure program.**

D. PRE-REQUISITE COURSEWORK
Students can apply when either all prerequisites have been completed or the student is currently enrolled in the last of the required prerequisite courses. **If you are submitting an application in March for Fall admission, all prerequisite courses must be satisfactorily completed by the end of the Spring semester.**

D. PRE-REQUISITE COURSEWORK -CONTINUED

Determine if you are eligible to apply to the Generic BSN program based on the calculation generated by the pre-requisite GPA calculator found on the website. If you are eligible to apply, fill in your pre-requisite information in the table listed below for your Math/Science evaluation. **All math and science prerequisites must be taken within the past (5) years from the date of application.**

List the specific required courses you have taken or plan to take and **indicate the semester and year you took them or when you will complete them**. Enter a check mark for any classes you **have not received a final grade for**. Enter the numerical value that corresponds to the final grade you received and the number of credit hours **ONLY for completed courses**, otherwise leave these columns blank. You must have a minimum of 3 of the listed Math/Science pre-requisites AT THE TIME OF SUBMISSION.

MATH/SCIENCE PRE-REQUISITES

Subject	Course Code	Semester & Year Taken or Will Be Taken	Check **ONLY** if you do not have a final grade	# of Credits	Final Grade by Numerical Value A=4, B=3, C=2, D=1	Grade Points (multiplied # of credits by final grade numerical value)
Math 123 (course code)/College Algebra						
CHEM 105/Chemical Prinicples						
CHEM 105L/Chemistry Lab						
CHEM 106/Organic & Biochemistry						
CHEM 106L/Organic & Biochemistry Lab						
BIOL 255/Microbiology						
BIOL 255L /Microbiology Lab						
BIOL 230/A&P I						
BIOL 230L/A&P I Lab						
BIOL 240/ A&P II						
BIOL 240L/A&P II Lab						
				Add this column up for Total Credits		Add this column up for Total Grade Points

Divide Total Grade Points by Total Credits. Cumulative Pre-Nursing Math/Science GPA

You are eligible to apply if:

Your math/science GPA is 2.8 or higher **at the time of application**.

You are NOT eligible to apply if:

1. You have completed all math/science pre-requisites and your math/science GPA is less than 2.8 or
2. You have not completed all math/science pre-requisites and your GPA is less than 2.8 or
3. You have failed ANY of the math/science pre-requisites more than once.

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E. Entrance exam

The Kaplan Entrance Exam is required for admission. The examination will be proctored by the University Testing Center. Students can only take the Kaplan a total of **two** times, and only **once** per semester. To register for the Kaplan, students must submit their application to the School of Nursing by the application deadline. **For the application to be considered the applicant must score at least 65 on the exam.**

F. Interview and Proctored Essay

After initial review of all BSN applications, applicants **being considered for admission** will be notified by email and invited to come to the School of Nursing for an interview with the Admission Committee and a proctored writing session. Dates of the interview and proctored essay will be announced in the email.

G. Communication

The Bachelor of Science in Nursing program is an upper-division course of study requiring students to communicate effectively. Students in this program are expected to demonstrate skill in independent decision-making, professional communication, critical thinking, and problem solving.

Accordingly, the manner in which an applicant/prospective student communicates with the School of Nursing may be considered a potential indicator of the applicant/prospective student's ability to succeed in the BSN program. The School of Nursing seeks to foster the reciprocal benefits of direct communication, which provides an opportunity for the communicator to identify and articulate his/her thoughts, and for the recipient to consider and respond directly to both another person's words and tone.

For these reasons, as well as adherence to FERPA regulation, the school will not discuss an application with a third party.

H. Personal Statement

All applicants are required to submit a personal statement (not to exceed one double-spaced page) as part of their application. The personal statement should indicate why the applicant wants to become a nurse.

I. Application Checklist

Your completed and signed application should be typed & submitted to the School of Nursing email address, schoolofnursing@uncfsu.edu, by the application deadline (March 30th for Fall Admission; September 30th for Spring admission). **Late applications will not be accepted; there are no exceoptions to this rule.**

TO BE COMPLETED BY SCHOOL OF NURSING PERSONNEL ONLY

Checklist for School of Nursing Generic BSN applicants

_____ 1. Completed, signed, and dated application.

_____2. **Official transcripts** from all universities & colleges attended (**excluding FSU**)

_____3. Personal Statement

_____4. Proof of military affiliation **if applicable.**

_____5. Letter of Good Standing, if previously enrolled in another nursing program. Failure to submit this letter will result in your application not being further reviewed for admission.

J. Signature

- I certify that I have read and understand the above statements and all materials I have submitted for consideration to the School of Nursing are complete and accurate.
- I understand that my complete application must be received by the School of Nursing on or before the deadline for application (March 30th for Fall admission; September 30th for Spring Admission).
- I understand that if I do not write the proctored essay as required following the emailed invitation after the submission of this application, I will not be considered for admission.
- I understand that an offer of admission to the Generic BSN program will be revoked for any of the following reasons:
    - ➢ I did not achieve the pre-requisite requirements in the classes I was enrolled in after application submission.
    - ➢ I have not met FSU admission requirements.
    - ➢ I was not successfully admitted as a transfer student.
    - ➢ Refusal to submit to a criminal background check and/or drug screen.
    - ➢ Failure to complete a criminal background check and/or drug screen.
    - ➢ Failure to be accepted into a clinical facility due to a criminal background check and/or drug screen.
    - **I did not disclose prior enrollment in a nursing program and/or submit a letter of good standing.**

APPLICANT SIGNATURE & DATE_____