

**BS Completion Application**  
*Andrews University Department of Nursing*  
*Application for Admission into the Nursing Program*

Student Name \_\_\_\_\_ A.U. ID# \_\_\_\_\_ Date \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ e-mail \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street \_\_\_\_\_ apt # \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Permanent Address:  
(if different from local address) street \_\_\_\_\_ apt # \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Local phone # \_\_\_\_\_ Permanent phone # \_\_\_\_\_

U.S. License?  Yes  
 No Copy in file?  
 Yes  No

/  
Unregistered nurses enroll in the generic BS program.

RN License # \_\_\_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_  
(please attach a copy of your current license with this application)

**Please note that your RN Degree must be from a college affiliated, NLN accredited school.**

**Physical exam:** *Requires copy of yearly tuberculosis skin test & chest x-ray if positive.* (Please attach medical exam form and immunization records.)

**Date taken** \_\_\_\_\_ **Results in file**  Yes  No

**Immunization record:** **Date taken** \_\_\_\_\_ **Results in file**  Yes  No

**(Requirements include:**

**--immunization for measles, mumps, rubella, diphtheria, tetanus & hepatitis B**

**--immunization for chickenpox, dates of disease or test for varicella-zoster antibodies)**

**Math Placement test score** \_\_\_\_\_

If <P2(any E score, any M score, or P0, P1)

Enroll

→ Math 107

For freshman year

Grade \_\_\_\_\_

If ≥P2

→ Math 145, Stat 285

As per Dept of Nursing schedule

**CPR**

**Date certified** \_\_\_\_\_

**Results in file**  Yes  No

American Heart Association  or

American Red Cross

(Healthcare Provider Course - BLS)

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**Schools you have attended since graduation from high school/academy or GED:**

(Please attach a copy of all transcripts with this application.)

School \_\_\_\_\_ Dates Attended \_\_\_\_\_ Diploma/Degree \_\_\_\_\_ Date receive \_\_\_\_\_

Current Employer \_\_\_\_\_ Hire date \_\_\_\_\_

Status \_\_\_\_\_ (full-time, part-time, prn) Shift \_\_\_\_\_

I have read the current nursing student handbook and agree to comply with this nursing program requirements. All information listed above is accurate to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list the grade for the following courses or if the student is currently taking these classes: (NOTE: Before students may proceed into nursing classes, the following should be complete)

<b>Required Cognates:</b>	# of credits		# of credits	
	Grade	Sem/Quarter	Grade	Sem/Quarter
Anatomy/Physiology I	_____	_____	Nutrition	_____
Anatomy/Physiology II	_____	_____	Intro/Psych	_____
Anatomy/Physiology III	_____	_____	Hum.Dev.	_____
Gen. Microbiology	_____	_____	Statistics	_____
Soc.Science B option	_____	_____		

*(Refer to step-lock progression sheet)*

BS Completion students are required to take NRS320 Transitions

\* High School or College Chemistry is required. Grade earned: \_\_\_\_\_

List your **cumulative GPA** \_\_\_\_\_ **Cognates GPA** \_\_\_\_\_ **Nursing GPA** \_\_\_\_\_  
(A GPA of 2.5 or higher in each section is required for acceptance into the nursing program.)

All required documents are on file. The advising worksheet is attached.

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_ Admissions and Progressions Committee \_\_\_\_\_

Notes:

Admitted into nursing program: Yes \_\_\_\_ No \_\_\_\_

Date of notification \_\_\_\_\_

Signature Committee Chair \_\_\_\_\_ Date \_\_\_\_\_