

**B.S. Nursing 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 # \_\_\_\_\_

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

**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)*

**Is English your primary language?** \*  Yes \*  No

**If yes,** please list your Nelson Denny Reading score:

Nelson Denny Reading test score \_\_\_\_\_ (minimum score = 13)

**If no,** please list your score on:

MELAB score \_\_\_\_\_ (minimum score = 80) or

TOEFL score \_\_\_\_\_ (minimum score = 550 paper based) or

TOEFL score \_\_\_\_\_ (minimum score = 213 computer based)

(Please note: if English is your second language, this application cannot be processed without a passing minimum test score on one of the above three (3) tests.

**COPS** test must be taken and results sent to advisor. Date completed \_\_\_\_\_

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

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

For freshman year

Grade \_\_\_\_\_

Enroll

> Math 107

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)

\* Certification is required and must be updated bi-yearly to progress in the nursing program.

(Over)

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 received |
|--------|----------------|----------------|---------------|
| _____  | _____          | _____          | _____         |
| _____  | _____          | _____          | _____         |
| _____  | _____          | _____          | _____         |

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.)

**Required Cognates for admission to nursing**

| Class   | Name                   | Grade | # of credits | sem/qtr |              |
|---|------------------------|-------|--------------|---------|--------------|
| BIOL 111  | Anatomy/Physiology I   | _____ | _____        | _____   | (4 sem @AU)  |
| BIOL 112  | Anatomy/Physiology II  | _____ | _____        | _____   | (3 sem @ AU) |
| BIOL 113  | Anatomy/Physiology III | _____ | _____        | _____   | (1 sem @AU)  |
| <i>Need total of 8 semester credits for A&amp;P</i> |                        |       |              |         |              |
| FDNT 230  | Nutrition              | _____ | _____        | _____   | (3 sem @AU)  |
| EDPC 301  | Human Development      | _____ | _____        | _____   | (3 sem @AU)  |
| PSYC 101  | Intro to Psychology    | _____ | _____        | _____   | (3 sem @AU)  |

**(Refer to lock-step progression sheet.)**

Cognate GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
(A GPA of 2.5 or higher in each section is required for acceptance into the nursing program.)

**Required Nursing:**

Intro. Nursing Concepts \_\_\_\_\_

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 \_\_\_\_\_