

Licensed Practical Nurse 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 # _____

LPN License # _____ **State** _____ **Expiration date** _____
(Please attach a copy of your current license with this application)

Please note that your LPN License must be from a college affiliated, NLN accredited school.

Current Employer _____ Hire date _____
Status _____ (full-time, part-time, prn) Shift _____

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

Is English primary language?

Yes Nelson Denny Reading test score _____ (minimum score = 13)

No MELAB score _____ (minimum score = 80) or
TOEFL score _____ (minimum score = 550 paper based) or
TOEFL score _____ (minimum score = 213 computer based)

Math Placement test score _____ **Enroll**
If <P2(any E score, any M score, or P0, P1) → 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)

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 the 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:	Grade	# of credits Sem/Quarter		Grade	# of credits 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)

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

- * **NRS216 - Fundamentals will be waived if LPN License is from an accredited school.**
- ** **High School Chemistry or Introductory Chemistry is required for admission into the program.** **Grade received:**

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

Advisor's Signature _____ **Date** _____

_____ **Admissions and Progressions Committee** _____

Notes:

Admitted into nursing program: Yes ___ No ___

Date of notification _____

Signature Committee Chair _____ **Date** _____