Andrews ◆ University
School of Nursing

Application for Nursing, BSN (Pre-Licensure) Program

Name: _____ AU ID#: _____ Date: ___/___/_____

Date of Birth: _____/_____/_____ Male _____ Female _____

Local Address: _____
                   Street   Apt #   City   State   Zip

Permanent Address: _____
(If different from local address)   Street   Apt #   City   State   Zip

Home #: _____ Cell#: _____ E-mail: _____

Admission Requirements

NOTE: All documents must be summited by deadline of MAY 15, of the admission year.

The following cognate classes are required for admission into the Nursing Program. Please list the grade, semester, and year for the following courses or indicate if currently taking them:

		Grade	Semester & Year	currently taking
Anatomy & Physiology I	(4 sem. hr.)	_____	_____	___
Anatomy & Physiology II	(4 sem. hr.)	_____	_____	___
Chemistry 110	(4 sem. hr.)	_____	_____	___
Human Development	(3 sem. hr.)	_____	_____	___
Intro to Psychology	(3 sem. hr.)	_____	_____	

*Transfer students: Please note that the above classes cannot be older than 5 years. If more than 5 years, the class must be retaken.

English Ability	Test	Score
ACT English score (min. 20) or SAT score (min. 540) or Nelson Denny of **15** or greater	_____	_____

Math Ability	Test	Score
ACT Math score (min. 20) or SAT score (min. 540) or Math Placement Exam (min. P2)	_____	_____

Overall GPA of 3.0 or greater   _____

Cognate GPA of 3.0 or greater   _____

Have you previously taken any nursing courses at any other college or university?   **Yes   No**
If yes, the following may be required:
- A letter of reference from the dean/chair is required from previous educational facilities for all transfer students.
- An interview may also be required if you are transferring from another nursing program.
- Written permission to talk with faculty regarding your academic performance in that nursing program.

The requirements of: background check, drug test, physical examination, vaccinations, and CPR are managed by Castle Branch. The Department of Nursing has partnered with them to make this process as convenient, secure, and safe as possible. During the order placement you will be asked personal identifying information needed for security and compliance purposes. Supplying accurate and comprehensive information is important to the speed at which your order is completed. The fee for your background check and drug test is $78 paid to the company. Please follow the steps below to complete the requirements for admission into the Department of Nursing process

STEP 1: Go to Castle Branch at **http://portal.castlebranch.com/NS39**
1. Click on Place Order (Big Red Button).
2. Click Please Select, then Student Screening.
3. Choose option NS40bgdt: Background Check-Drug Test.
4. Read Order Instructions and check 'I have read this information,' and Click to Continue (do twice).
5. Complete all needed information on myCB to place your order.
   If questions, concerns, or need help, please contact myCB at their direct line to the service desk at **888-723-4263**
6. The email address you enter will be your username. Please remember the email and password that you entered in case you need to pause and to login for future use.
7. After setting up your account, please check your email to complete the login, background check, and drug test process.
8. Once you are notified that both requirements are clear, please contact Department of Nursing to receive the code to order and complete your Medical Document Management portion. Nursing Office (269) 471-3311/toll free 800-877-2863 or nursing@andrews.edu

STEP 2: Go to myCB at **https://mycb.castlebranch.com**
1. Login into your account
2. Click on Place Order (White Tab in top right corner above myCB logo).
3. Enter Package Code given by Department of Nursing and submit. Complete all needed information that follows.
4. To-Do Lists. Only complete items 1 through 8 (10-13 will be fulfilled within the program). Please contact myCB at their direct line to the service desk at **888-723-4263**, if you have questions, concerns, or need help.

I am applying for entry into the Nursing, BSN (Pre-Licensure) Program. I fully realize my application will not be accepted for evaluation until all of the above requirements are met:

DEADLINE MAY 15, of the admission year. This application can be emailed to nursing@andrews.edu

Signed: _____