

SHEPHERD UNIVERSITY
Department of Nursing Education
P.O. Box 5000
Shepherdstown, WV 25443-5000
(304) 876-5341
<http://www.shepherd.edu/nurseweb/>

**BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM
APPLICATION FOR ADMISSION**

APPLICATION DEADLINES

Students are admitted to the BSN Program in the Fall Semester or Spring Semester. The deadlines for submitting an application to the Department of Nursing Education and completing an advisement interview are:

Admission in Fall Semester – March 1
Admission in Spring Semester – October 1

ADMISSION CRITERIA

Students seeking admission to the BSN Program must meet the following requirements:

1. Admission to Shepherd University. Until admitted to the BSN Program, nursing majors will be designated as “pre-acceptance” and will be advised by nursing faculty members.
2. Eligibility to complete the 67 lower-division course hours, as identified in the BSN curriculum, prior to enrollment in the BSN Program.
3. Completion of NURS 231 Introduction to Nursing.
4. Minimum cumulative GPA of 2.5 on a 4-point scale, including a minimum grade of C in the following courses: BIOL 225, BIOL 227, BIOL 226, BIOL 228, NURS 231.
5. Submission of an application for admission to the nursing program by the due date.
6. Advisement interview with the student’s academic advisor or Department Chair.

APPLICATION

Name _____ Social Security Number _____
(Last) (First) (Middle)

Are any of your education records in another name? If so, indicate _____

Mailing Address _____
(Number and Street or P.O. Box)

(City or Town) (State) (Zip Code)

Home Phone Number _____ Cell Phone Number _____

E-mail Address _____

Permanent resident of _____ since _____
(State) (Date)

Applying for Fall Semester, 20____
 Spring Semester, 20____

Are you currently enrolled at Shepherd University? Yes No

If no, have you applied for admission? Yes (date) _____
 No

Have you taken courses at another college or university? Yes No

If yes, have you had a transfer evaluation of those courses? Yes No

Are you currently or formerly licensed as an:

LPN (states _____)

RN (states _____)

Are you currently or formerly a:

Certified Nursing Assistant (states _____)

COLLEGE OR VOCATIONAL SCHOOL (list all institutions attended)

School	Address	Dates Attended	GPA	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL STATEMENT: Answer the following questions in your own words.

What does nursing mean to you?

What are your career goals?

HEALTH STATUS: Do you have a physical, mental, or emotional health problem of which the Department of Nursing Education should be aware? Yes No

If yes, please describe_____

I certify that the information that I have provided in this application is accurate.

Signature_____

Date_____