

**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. May complete NURS 310 prior to admission or during first semester of nursing.
4. Minimum cumulative GPA of 2.5 on a 4-point scale, including a minimum grade of C in the following courses: CHEM 120/120L, CHEM 122/122L, BIOL 225, BIOL 227, BIOL 226, BIOL 228, NURS 310, BIOL 302.
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 \_\_\_\_\_)

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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\_\_\_\_\_

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

**Signature**\_\_\_\_\_

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