Appalachian State University
College of Health Sciences
Department of Nursing

2018 Application to the Bachelor of Science in Nursing Program

To be considered for admission to the BSN program, ALL students must meet the requirements outlined in this document.

Transfer students: Please note that your general application for transfer admission to Appalachian State University must be complete, including submission of all required transcripts, by December 15, 2017 to ensure that you will have an admission to Appalachian State University decision by January 15, 2018.

The BSN program application must be <u>received</u> no later than January 16, 2018.
Early submissions (with Fall '17 transcripts) are welcomed.*

Both the application (**downloaded from Department of Nursing website**) and **all associated application materials** must be received by the deadline for the application to be considered for review. **New transfer students must be accepted to the University by January 15, 2018.** Late receipt of any element may render the application ineligible for admission consideration. The Department of Nursing does not keep current ASU transcripts. All students (current and transfers) must include **all** college course work transcripts available along with the BSN application for admission.

Contact Information: **It is essential to keep the Department of Nursing informed of any changes.**

Name: _____
        (first)   *(middle)*   *(last)*
Current Mailing Address:

_____
Street   *City*   *State*   *Zip*

Current Phone: (____) _____ Emergency /Alternate Phone: _____
                                                                (Cannot be the same as Current or Cell phone numbers)
Cell Phone: (____) _____ Email Address: _____

Please indicate where mailings are to be sent and if different than above address:

_____
Street   *City*   *State*   *Zip*

Please submit your BSN application and official sealed transcripts to:
Donna Whitt
Appalachian State University Department of Nursing
ASU Box 32151   Edwin Duncan Hall, Suite 310A
Boone, NC. 28608-2151
whittdg@appstate.edu

*For early submission details due to University holiday schedule or general questions about the submission of your application, please contact:
Ms. Donna Whitt RN, BSN   Director of Academic Support and Program Compliance (DASPC) at
whittdg@appstate.edu   828-262-8005.

Applicant Status: Please indicate your status (Check one and provide requested information)

☐ Current Appalachian Student   Banner ID#: _____

☐ Transfer Student   Date you were accepted to ASU_____   Banner ID#_____

☐ Returning Appalachian Student   Date you were re-admitted to ASU _____

☐ Are you a Second Degree Student?   Yes/No   Degree/Date_____

*The following data are for statistical purposes only & <u>will not</u> be used in admission decisions***:**

Gender: M   F   Date of Birth _____   English as second language: Yes___   No___

Ethnic Group/Race: _____ *(fill in letter from Legend below) Please scroll to select correct group*

Legend:	**I** – American Indian or Alaskan Native	**N** – Native Hawaiian or Other Pacific Islander
	O – Asian	**M** – Multiracial heritage
	B – Black or African American	**U** – Race/Ethnicity unknown
	H – Hispanic or Latino	**C** – Choose Not to Report
	W – White	

Citizenship Status: ☐ U.S. Citizen   ☐ Resident Alien   ☐ Non-resident Alien

Name of High School attended & date of graduation_____

Current & Previous Education: List all colleges or universities attended, with most recent listed first*. If you completed a CNA program, please list that as well and provide a copy of your NC certificate registration.

College/University	City, State of College/University	Start & End Dates (Month/Year)	Degree or Semester Hours Completed

* Each applicant (including current ASU students) must submit all college official transcripts to the Department of Nursing in order to be considered for admission to the Nursing Program. Applicants are also responsible for submission of an official transcript at the completion of the current semester.

General Education Requirements:

Students are allowed to have no more than (3) outstanding general education courses upon entry into the BSN program. **ALL general education courses must be completed prior to the beginning of the Fall Semester of the student's second year in the BSN program in order to progress.**

Please list any general education courses that you will not have yet completed by the start of the nursing program. *Please do not include UCO 1200 credit or RC 1000. These are required courses for major declaration and must be completed prior to starting the BSN program.*

Name of Course	Prefix and Course Number	Where (List the school name) do you plan to complete the course?
Ex. *Intro To Film*	*ENG 2170*	*ASU*
1.		
2.		
3.		

CURRICULUM PLAN 2017-2018

Applicant's Catalog year_____

Please indicate the semester and year in which each nursing prerequisite course was completed (or if currently enrolled), the institution at which the course was completed, and whether the course has been completed or is currently in progress.
If you have completed the course place C (completed) in the STATUS column. If you are currently enrolled in a course, place IP (in progress) in the STATUS column.
Students must have either completed or be currently enrolled in all of the courses listed below to be eligible for consideration.

Courses listed in bold are North Carolina Community College equivalents. Minimum accepted grade is listed in parentheses.

PREREQUISITE COURSES AND MINIMUM GRADE ACCEPTED	SEMESTER/ YEAR	INSTITUTION	STATUS
CHE 1101 Introductory Chemistry I **CHM 151** **(B-)**			
CHE 1110 Introductory Chemistry I Lab **CHM 151 A** **(B-)**			
CHE 1102 Introductory Chemistry II **CHM 152** **(B-)**			
CHE 1120 Introductory Chemistry II Lab **CHM 152 A** **(B-)**			
ES 2031 Anatomy and Physiology I **BIO 165 or 168** **(B-)**			
ES 2032 Anatomy and Physiology II **BIO 166 or 169** **(B-)**			
BIO 2200 Introduction to Microbiology **BIO 275** **(B-)**			
STT 1810 Basic Statistics **MAT 151/152/155** **(C)**			
PSY 1200 Psychology: Historical, Social and Scientific Foundations **PSY 150** **(C)**			
PSY 2210 Psychology of Human Growth and Development **PSY 241** **(C)**			
SOC 1000 The Sociological Perspective **SOC 210** **(C)**			
PHL 2000 Philosophy, Society and Ethics **PHI 240** **(C)** or PHL 3015 Medical Ethics			
NUT 2202 Nutrition and Health **BIO 155 or NUT 110** **(C)**			

Requirements Upon Notification of Provisional Admission

Upon notification of provisional admission to the BSN Class of 2019, students will be required to submit the following by a date yet to be determined. Specific directions and other information will be sent with notification of admission to the program.

1. Criminal Background Check and Drug Screen

2. Physical and Safety and Technical Skills Evaluation

3. Two step TB testing

4. Required immunizations and titers.

5. All students must successfully complete an **American Heart Association Healthcare Provider CPR** class and present their official certification document for review by the Director of Academic Support and Program Compliance. The card must be valid for a minimum of one year from the beginning of Summer Session 2018.

Application Review Verification

I have reviewed the following components of my application to the BSN major, and **have checked the box before each statement** to indicate that each component of the application process is complete.

☐ I have been admitted to ASU. Date of acceptance_____ (must be on or prior to 1/15/18)

☐ I have included my official transcript(s) to the Department of Nursing. (***This applies to all applicants including the ASU student)***

☐ I have the minimum overall grade point average of 3.0 on a 4.0 scale on all undergraduate courses attempted. I understand that this is the minimum GPA for application but is not a guarantee of admission.

☐ I understand that ALL general education courses must be completed prior to the beginning of the Fall Semester of my second year in the BSN program in order to progress.

☐ I have reviewed and understand the *Requirements Upon Notification of Provisional Acceptance* section of the application.

☐ I understand that my application will not be considered by the faculty admissions committee unless all components of the application are submitted by the deadline.

☐ I understand the ASU BSN program admission process and requirements, and if I receive provisional admission, I will promptly respond to further admission requirements as described above and in my acceptance letter and subsequent correspondence.

☐ I have designated my catalog year.

I hereby certify that all of the information provided by me in my application packet is true and accurate to the best of my knowledge. I understand that submitting false documents or making false statements may result in my not being admitted to the ASU nursing program OR my dismissal from the nursing program.

Applicant Signature   **Date**

Consistent with Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA), it is the policy of Appalachian State University that no qualified individual with a disability shall be excluded from, denied the benefits of, or be subjected to discrimination in any university program, service or activity. In accordance with Section 504 and the ADA, all applicants for the nursing program must be qualified individuals who are able to meet the essential competency requirements of the program, with or without reasonable accommodations. Essential competencies include the ability to meet the cognitive, affective and psychomotor requirements of the curriculum (i.e., critical thinking, communication, interpersonal skills, mobility, tactile ability, vision, and hearing). The Department of Nursing is committed to providing access to its programs to qualified individuals with disabilities. However, the Department of Nursing is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the curriculum including didactic components, laboratory sessions, and clinical affiliations.

In order to be admitted to and progress in the Nursing Program, one must possess a functional level of ability to perform the role required of a registered professional nurse. Upon admission, a student will be asked to certify that he or she is able to perform all of the technical standards with or without reasonable accommodations. In addition, a student will be asked to obtain medical clearance from a healthcare provider certifying that the student is able to perform all of the technical standards. Admission and progression in the program will be denied if a student is unable to demonstrate proficiency in the technical standards. If a student cannot meet the technical standards with or without reasonable accommodations, the student will be withdrawn from the Nursing Program/Course and may appeal through the appropriate process.

Statement of Non-discrimination
Appalachian State University is committed to providing equal opportunity in education and employment to all applicants, students, and employees. The university does not discriminate in access to its educational programs and activities, or with respect to hiring or the terms and conditions of employment, on the basis of race, color, national origin, religion, creed, sex, gender identity and expression, political affiliation, age, disability, veteran status, or sexual orientation. The university actively promotes diversity among students and employees.

Updated/revised 2012
Updated/revised May 2013
Updated/revised September 2013
Updated/revised September 2014
Updated/revised September 2015
Updated/revised October 2016
Updated/revised October 2017