



APPLICATION FOR ADMISSION

BACHELOR OF SCIENCE - NURSING (BSN)

The BSN program located at our Charleston campus is a traditional, in seat, four year nursing degree program.

APPLICANT INFORMATION *

First* _____ **Middle** _____ **Last*** _____
 Maiden (if applicable) _____ Preferred First _____ **Date of Birth*** ____/____/____
MM / DD / YYYY
Gender* _____ **Home Phone*** _____ **Cell Phone*** _____
Email* _____
Mailing Address* _____
City* _____ **State*** _____ **Zip Code*** _____ County of Residence _____

(International applicants use name that appears on passport.)

ACADEMIC HISTORY

HIGH SCHOOL or GED/TASC*

School name _____ State _____ GPA _____ Date Degree Earned/ Expected _____

COLLEGE

School name _____ State _____ GPA _____ Degree Earned/ Expected Yes No Degree Type _____

School name _____ State _____ GPA _____ Degree Earned/ Expected Yes No Degree Type _____

Are you currently enrolled at the University of Charleston? Yes No

LICENSURE HISTORY

Are you currently a Licensed Practical Nurse (LPN) or have you ever been a Licensed Practical Nurse (LPN)? Yes No

If yes, have you ever had disciplinary action taken against your license? Yes No

If yes, do you currently hold an unencumbered license? Yes No

Do you currently hold a license or certification in a healthcare field? (i.e. radiology tech, CNA, EMT, respiratory therapist, phlebotomist, etc.) Yes No

If yes, have you ever had disciplinary action against your license or certification? Yes No

If you are licensed as an LPN, please provide the following details and submit a copy of your license.

YEAR(S) LICENSED	LICENSE TYPE	NAME AS APPEARS ON LICENSE	Jurisdiction (I.E. STATE/TERRITORY)

REQUEST FOR ACCOMMODATION

This university will adhere to all applicable federal, state, and local laws, regulations and guidelines with respect to providing reasonable accommodations in regards to affording equal educational opportunity. It is the student's responsibility to contact the Director of the Academic Success center and provide valid documentation to receive accommodations and services.

If you have disabilities and will require special accommodations, please contact

Allison Grassie, Director of the Academic Success Center at ASC@ucwv.edu or (304)357-4776.

You may also visit www.ucwv.edu/asc/ for more information.

BACKGROUND INFORMATION

If accepted, you will be afforded clinical opportunities to care for patients. We must inquire about your criminal history, since we are providing you access to patients through our affiliating clinical agencies. You will be required to participate in a criminal background check and random biometric screening for substance abuse (example - urine sample, blood sample). Refusal to submit to a criminal background check or random drug screening, if asked, is grounds for program dismissal.

Do you have a criminal history or have you ever been charged with a felony? Yes No

If you have no history of criminal charges, please initial here:

If you have a criminal history, please list below any history you have of legal convictions (felony or misdemeanor) against you. Please attach an accompanying statement of explanation regarding those charges. You will also need to submit any court documents with this application.

CRIMINAL CONVICTIONS	DATE	RESOLUTION (FINES/IMPRISONMENT/ETC)

Please list any additional violations on a separate sheet including the information required above (criminal conviction, date, and resolution).

ADDITIONAL INFORMATION

This application becomes the property of the University of Charleston, Capito Department of Nursing. You are urged to make a copy of this application, and all other material submitted, prior to submitting this application. Please submit your completed application and required documents to:

Suzanne Summers, BA
 Administrative Assistant, ADN Program - Charleston
 Capito Department of Nursing
 University of Charleston
 2300 MacCorkle Ave., SE
 Charleston, WV 25304
 Phone: 304.357.4837 | Fax: 304.357.4965
 Email: suzannesummers@ucwv.edu

To schedule your TEAS test go to this website
 and follow the instructions:
www.ucwv.edu/asc/

TEAS Test Information Contact:
 Kaylynn Johnson, BSBA
 Enrollment Specialist
 Capito Department of Nursing
 University of Charleston
 2300 MacCorkle Ave., SE
 Charleston, WV 25304
 Phone: 304.357.4979 | Fax: 304.357.4965
 Email: kaylynnjohnson@ucwv.edu

Please check off the following requirements to show completion.

If you are a current UC student, your application is not complete and will not be accepted until the following required documents are attached to this application.

- A copy of your current degree audit with verification of a cumulative 2.5 grade point average
- A copy of your score on the Nursing Entrance Exam (TEAS)
- A copy of your high school transcript, diploma, GED or TASC

If you are not a current student at UC and are a transfer student, your application is not complete and will not be accepted until the following required documents are attached to this application.

- Confirmation of your admission as a student to UC*
- An official copy of all of your previous college/university transcripts*
- A copy of your high school transcript, diploma, GED or TASC*
- Transfer equivalency from the UC Admissions Office with verification of 2.5 cumulative transfer grade point average.
- A copy of your score on the Nursing Entrance Exam (TEAS).

We will respond to your application with a letter of decision within two weeks after the admissions committee meets.

*Must complete UC general admission requirements with UC Admissions Office prior to submission of this application.

By my signature, I certify that the answers I have given to all questions on this application are correct and complete to the best of my knowledge. I understand that falsification or omission of information or credentials may result in revocation of admission. I also understand I must provide official transcripts from ALL educational institutions I have attended to complete the admissions process. I further give permission for my high school(s) and/or college(s) to release to the University of Charleston any transcripts or records necessary for the evaluation of my application for admission as requested by University of Charleston staff/faculty.

Signature*

Date*

The University of Charleston does not discriminate against any person because of race, color, religion, sex, national or ethnic origin, age, disability, or veteran status in the administration of its educational policies, scholarship and loan programs, admissions, employment, athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia.



Thank you for your interest in the University of Charleston
 Capito Department of Nursing

Office Use Only

Date Received: _____

Received by: _____

Signature: _____