



# APPLICATION FOR ADMISSION

## NURSING PROGRAMS

### Which program are you applying for?

- ADN:** The Associate Degree in Nursing program is a 16 month nursing program offered on both our Charleston and Beckley campuses. The program meets in-person every other weekend and online throughout the week.
- BSN:** The Bachelor of Science in Nursing program located at our Charleston campus is a traditional, in seat, four year nursing degree program.

(\*Required)

### APPLICANT INFORMATION \*

(International applicants use name that appears on passport.)

**First\*** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last\*** \_\_\_\_\_

**Maiden (if applicable)** \_\_\_\_\_ **Preferred First** \_\_\_\_\_ **Date of Birth\*** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

**Gender at Birth\*** \_\_\_\_\_ **Gender Identity** \_\_\_\_\_

**Phone\*** \_\_\_\_\_  Home  Cell **+Contact Via Mobile\***  Yes  No

**Email\*** \_\_\_\_\_

**Mailing Address\*** \_\_\_\_\_

**City\*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **Zip Code\*** \_\_\_\_\_ **Which Year?** \_\_\_\_\_

**What semester are you applying for?**  Fall  Spring  Summer **Which campus?**  Beckley  Charleston  No Preference  
(Please only select one. Applications will not be considered if multiple terms are selected.) (for ADN only)

### ACADEMIC HISTORY

#### HIGH SCHOOL or GED/TASC\*

School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Graduation Year \_\_\_\_\_

NOTE: UC must receive a transcript to award academic scholarships. Inaccurate reporting of GPA could result in withdrawal of admissions offer.

**Have you earned credits from any college or university?**  Yes  No *If yes, list the institutions you've earned credits from.*

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned  Yes  No

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned  Yes  No

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

Are you currently a Registered Professional Nurse (RN) or have you ever been a Registered Professional Nurse (RN)?  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

#### Please list all healthcare licenses/certifications held:

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

## 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.

- Have you ever been charged with or convicted of a felony?  Yes  No  
 Have you ever been charged with or convicted of a misdemeanor?  Yes  No

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

If you have a criminal background, 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 CHARGE	LEVEL (MISD./FEL)	DATE	RESOLUTION (CHARGES DROPPED/FINES/IMPRISONMENT/ETC)

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

If you have a criminal background you will need to reach out to the West Virginia Board of Nursing and obtain in writing that you will be eligible to sit for your board exam. Please submit a copy of this letter with your application and court documents.

## ADDITIONAL INFORMATION

### 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 score on the Nursing Entrance Exam (TEAS)
- A copy of your high school transcript, diploma, GED or TASC
- A copy of your current degree audit with verification of a cumulative 2.0 grade point average
- A copy of your current, unencumbered license or valid temporary license (if applicable)

If you are not a current student at UC, 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
- A copy of your score on the Nursing Entrance Exam (TEAS)
- A copy of your current, unencumbered license or valid temporary license (if applicable)

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

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

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 the Academic Success Center at [ASC@ucwv.edu](mailto:ASC@ucwv.edu) or (304)357-4776. You may also visit [www.ucwv.edu/asc/](http://www.ucwv.edu/asc/) for more 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 materials submitted prior to submission. Please email your completed application and required documents to:

University of Charleston Admissions  
 2300 MacCorkle Ave SE  
 Charleston, WV 25304  
 304-357-4750 | [admissions@ucwv.edu](mailto:admissions@ucwv.edu)

Please visit [www.ucwv.edu/academics/majors-degrees/](http://www.ucwv.edu/academics/majors-degrees/) and select your program for application deadlines for each term. Applicants will receive notice of admission status within two weeks of the posted deadline.

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: \_\_\_\_\_