



APPLICATION FOR ADMISSION

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.

NURSING PROGRAMS

(*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* _____

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
(Please only select one. Applications will not be considered if multiple terms are selected.)

Which campus? ☐ Beckley ☐ Charleston ☐ No Preference
(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/

*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 or (304)357-4776. You may also visit 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

Please visit 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.

Office Use Only

Date Received: _____

Received by: _____

Signature: _____