APPLICATION CHECKLIST

This checklist does not need to be submitted with your application, but please use the information on this checklist to ensure that you have completed all of the requirements to submit your official application to the College of Nursing.

Application
___ Signed
___ Planning Sheet (2 sheets)
___ Application Demographic Information Sheet
___ RN or LPN license, if applicable
___ Transcripts of university attended - Unofficial

SAT/ACT/MAT Score
___ Required if student will have less than 34 semester hours of earned credit towards the nursing degree at time of admission decisions
___ Waived pending verification from transcript evaluation of having at least 34 semester hours of earned credit applied towards the nursing degree and/or an Associate degree or Baccalaureate degree previously earned

Admission to CSU
___ Current student
___ If not current student, has made application and been accepted to CSU with Transcript Evaluation completed

Currently or Previously Enrolled In Another Nursing Program within past 5 years
___ Letter from Dean/Director verifying standing in the program

Admission Exam
___ Signed up for admission exam or previously completed
Charleston Southern University
College of Nursing

Application for Admission

Instructions for Applicants:

1. Return this completed application form to the College of Nursing, Charleston Southern University, P.O. Box 118087, Charleston, South Carolina 29423-8087 by application deadline for intended semester of admission to the Traditional BSN Program. Applications for the RN-BSN Program are accepted throughout the year.

   Application Deadlines for Traditional BSN Program:
   - March 15th for Fall Semester Admission
   - October 15th for Spring Semester Admission

2. Enclose unofficial copy of SAT/ACT scores and all transcripts. Students with at least 34 semester hours towards the degree at the time of application to the nursing program or holding an associate degree or baccalaureate and higher degree are not required to submit SAT/ACT scores.

3. Students must be admitted to CSU before application to the College of Nursing will be considered.

4. Admission into CSU does not guarantee admission to the College of Nursing.

5. Please type or print legibly and complete every item in each section to avoid a processing delay.

6. Early Admission students should write on top of College of Nursing application “Early Admission.” Copy of unofficial SAT/ACT scores and high school transcript should be attached (See Charleston Southern University College of Nursing website for eligibility criteria). Early Admission applications must be received prior to starting classes at CSU as a freshman.

Applicant Name______________________________________________

Social Security Number _________ - _________ - _________

Semester of Admission: _________ (Term) _________ (Year)

Submit to: Charleston Southern University  Toll-Free: (800) 947-7474
          College of Nursing  Local: (843) 863-7075
          P.O. Box 118087
          Charleston, SC 29423-8087

Office Use Only:

Date Application Rec’d_______
Prerequisite GPA______________
SAT/ACT/MAT Score___________
Kaplan Admission Exam Score________
Application Action________________________

Integrating Faith in Learning, Leading and Serving
Section I: Personal Record

1. Name (full legal)  
   Last  First  Middle  Maiden  
   Other names in which you have registered as a student  

2. Social Security Number  -  -  Date of Birth  
   Month  Day  Year  

3. Permanent Address  
   Number  Street  City  State  Zip Code  

4. Current Address (if different from above)  
   Number  Street  City  State  
   Zip Code  Telephone  (  )  Home Phone Number  Cell Phone Number  

5. E-mail address  

6. Spouse/Parent/Guardian (Please circle one)  
   Name  Telephone  (  )  
   Last  First  
   Address  Number  Street  City  State  Zip Code  

7. Are you an International Student?  Yes  No  
   Country of Origin/Citizenship  
   Submit a copy of both sides of VISA or Resident Alien Card  

8. Entry Level: (Check One)  
   A. Basic Student: BSN  
   B. Registered Nurse: RN-BSN Option  

9. If you are currently licensed as an LPN or RN, please indicate your license number and the state in which you are licensed. Enclose a copy of your license with the application.  
   LPN  RN  
   State  License #  State  License #  

Section II: Academic Record

10. Educational Background (List most recent first; list all attended; attach a second sheet if necessary)

**High School**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Address</th>
<th>Dates of Attendance</th>
<th>Date Diploma Conferred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**College/University/Professional Nursing School**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City, State</th>
<th>Attendance Dates</th>
<th>Degree/Certificate/ Diploma Conferred</th>
<th>Date</th>
<th># of Completed Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

11. I am currently a **full time** student at CSU. ____ Yes ____ No

12. I am currently enrolled in another college/university. ____ Yes ____ No
   Name and location of college/university: __________________________________________________________

13. I am currently enrolled in a nursing program at another college. ____ Yes ____ No
   (Provide a letter from the Dean/Director verifying standing.)
   If yes, check one of the following:
   - [ ] I am in good standing and eligible to continue. Please explain reason for transfer:
     ______________________________________________________________________________________
   - [ ] I am not in good standing and am not eligible to continue. Please explain:
     ______________________________________________________________________________________

14. I have been enrolled in a nursing program at another college within the last five years. ____ Yes ____ No
   (Provide a letter from the Dean/Director verifying standing.)
   If yes, check one of the following:
   - [ ] I left the program in good standing and am eligible for readmission. Please explain reason for transfer:
     ______________________________________________________________________________________
   - [ ] I was unable to continue or separated from the program. Please explain:
     ______________________________________________________________________________________

15. I am eligible to return in good standing to any postsecondary institution that I have attended. ____ Yes ____ No
   If no, please explain:
     ______________________________________________________________________________________
Fact sheets describing the documentation needed to be eligible for licensure as a registered nurse are available upon request in the College of Nursing. If there are questions as to the anticipated need to report a specific violation/conviction, disciplinary action, treatment for chemical dependency, or a psychiatric or mental health condition, students may call the South Carolina Board of Nursing at (803) 896-4550.

I certify that I have read the information contained in this application, understand the requirements and attest that all information provided by me is true and correct to the best of my knowledge. I understand that my falsification of an application is cause for disqualification or dismissal.

Signature ____________________________________________ Date ___________________
Charleston Southern University
College of Nursing

Bachelor of Science in Nursing
Planning Sheet-Page 1

The following courses are the non-nursing courses required for a Bachelor of Science in Nursing degree at Charleston Southern University. Please complete the form to the best of your knowledge based on the courses you have completed and the ones in which you are currently enrolled. This Planning Sheet will serve as a guide to the Faculty Committee in reviewing your record. Official transcript evaluations are done by the CSU Registrar. All courses and grades will be validated by the Faculty Committee. Enclose this form with your application to the College of Nursing.

Name: ___________________________ Student ID #: ___________________________

Address: ___________________________ Phone: Hm ________ Cell ________

Semester of Admission Term: ________ Year: ________

<table>
<thead>
<tr>
<th>Non-Nursing Courses</th>
<th>Earned at CSU</th>
<th>Earned Elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engl 111 Comp/Rhet I (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engl 112 Comp/Rhet II (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math 105 Intro Math Structures (3 ch) * or Math 111 College Algebra (3 ch)</td>
<td></td>
<td></td>
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<tr>
<td>Chem 110 Concepts of Chemistry/Lab * (4 ch)</td>
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</tr>
<tr>
<td>Biol 226 Human Anatomy and Physiology I/Lab (4 ch) *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biol 227 Human Anatomy and Physiology II/Lab (4 ch) *</td>
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<td></td>
</tr>
<tr>
<td>Biol 220 Microbiology/Lab (4 ch) *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psych 110 Gen Psychology (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurs 102 Foundations of Health Care (3 ch)</td>
<td>Transfer Credit is not accepted for NURS 102. This course must be taken at CSU.</td>
<td></td>
</tr>
<tr>
<td>Chst 111 or 112 Survey of OT or NT (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comm 110 Public Speaking (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biol 345 Nutrition (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurs 260 Life Span Development (3 ch)</td>
<td></td>
<td></td>
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<tr>
<td>Coin 209 Intro to Computers (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign Lang/Lit at 200 Level (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art or Music Appreciation (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hist 111, 112 or 113 World Civ (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistics (Psych 305, or other approved statistics course) (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 level Survey of English or American Literature (3 ch)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History or Political Sci Elective (3 ch)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Total CSU | Total Transferred

* All math and science prerequisites must be completed within 5 years at time of application for BSN students.
* Indicates REQUIRED prerequisites to apply to program.
Information and Planning (Must be enclosed with application)

1. a. Basic Students: Must have completed at least 17 of the 34 prerequisite credits including Engl 111, Math 105 or 111, and two of the required 4 sciences and be enrolled in the remaining 17 semester hours, including Nurs 102. Documentation of all prerequisite courses completed must be on file with the Registrar at CSU by 9:00 a.m. on the Monday after Charleston Southern University’s commencement ceremony. Completion of the Nursing Admission Exam is also a requirement for applicants seeking entry in the basic BSN program.

   RN-BSN Option Students: Must have completed 34 semester hours of prerequisite non-nursing coursework in which 21 semester hours must include Engl 111/112, Math 105 or 111, Biol 226, 227 and 220. The remaining 13 semester hours may be chosen from any of the non-nursing courses required for the Bachelor of Science in Nursing Degree.

   b. Must have earned a grade of "C" or better in each pre-nursing prerequisite course and have a GPA in prerequisite courses of 2.90 or better.

   c. Must have scored at least 480 Verbal/Critical Reading and 440 Math on the SAT, or 20 English, 18 Math on the ACT. Students with at least 34 semester hours towards the degree at the time of application to the nursing program or holding an Associate or Baccalaureate and higher degree are not required to submit scores.

Please check all that apply:

☐ Score Report enclosed  
   (Score report must be submitted to the nursing program directly. A high school transcript showing the scores are acceptable)

☐ SAT / ACT (circle one) taken on _______ (date) and will be sent to CSU nursing program by March 15th.

☐ SAT / ACT (circle all that apply) taken on _______ (date) but will not be available by March 15.

☐ Unofficial transcripts enclosed

☐ If an international student, must have a score of at least 600 on the TOEFL.

Please complete the following as applicable:

Score Report/Transcript enclosed: Yes No Scores on file in: ___ Registrar's Office ___ Admissions' Office

2. If accepted into the College of Nursing, students will be required to provide evidence of the following, prior to the first semester in the nursing program:

   a. Level of health and ability necessary to perform essential functions of nursing care. Reasonable accommodations will be made for some disabilities. However, independent performance is expected in several areas including: observation skills, ability to communicate, ability to deliver physical care and perform technical procedures and ability to function in quickly changing environments and stressful situations. Health Forms will be forwarded for completion by a health care provider.

   b. Completion of all required immunizations and titers (delineated on Health Form) including Hepatitis B

   c. Completion of a TB test within 3 months prior to enrollment in nursing courses

   d. Current CPR certification from the American Heart Association (BLS for Health Care Providers)

   e. Personal Health insurance

   f. Professional liability insurance (information will be forwarded)

   g. Criminal Background Check

   h. Negative Drug Screen

I have read and understand the information on this form.

Signature ___________________________ Date __________________
APPLICANT DEMOGRAPHIC INFORMATION

Please respond to each area. The College of Nursing responds to numerous surveys from professional, community and church organizations and the information you provide will assist us in providing accurate data to them. The information on this form is not used for admission decisions. See CSU Undergraduate Catalog for FERPA Notice of Directory Information Policy. Enclose this form with your application in order to help process your application more efficiently.

Name________________________________________________________________________________
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Address____________________________________________________________________________
(Permanent home address: Street # or PO Box #)

City________________________________________State________________Zip Code______________

Phone (Home)_________________________________ (Cell)________________________________

Social Security Number________________________ Date of Birth________________________

Sex: (Check one)
_____Female  _____Male

Marital Status: (Check one)
_____Single  _____Married  _____Separated/Divorced

Number of children_____ Ages_________________

Ethnic Background: (Check one)
_____American Indian/Alaskan Native  _____Asian or Pacific Islander  _____Hispanic origin  _____Black, not of Hispanic origin  _____White, not of Hispanic origin

Are you a…?: (Check one if applicable)
_____Registered Nurse  _____Licensed Practical Nurse

Do you have an associate degree? _____Yes  _____No  
If yes, specify major______________________________________________________________

Do you have a baccalaureate or higher degree? _____Yes  _____No  
If yes, specify degree and major____________________________________________________

Would you like to be involved in some health-related Christian ministry now or in the future (i.e., summer missions, camp nursing, etc.)? _____Yes  _____No

Do you have plans or aspirations for further education following completion of a Bachelor of Science in Nursing? _____Yes  _____No  
If yes, what are your plans?_________________________________________________________