

**Charleston Southern University
Derry Patterson Wingo School of Nursing**

APPLICATION CHECKLIST

Applicant Name: _____

Application

- Signed**
- Handwritten Essay**
- Planning Sheet (2 sheets)***
- Application Demographic Information Sheet**
- RN or LPN license, if appropriate**
- Transcripts of university attended - Unofficial**

- SAT/ACT/MAT Score**
 - Required if less than 34 semester hours of earned credit towards the nursing degree at time of application**
 - 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 Enrolled In Another Nursing Program

- Letter from Dean/Director verifying standing in the program**

*** Either currently enrolled or previously completed NURS 102 at Charleston Southern University.**

Charleston Southern University

Derry Patterson Wingo School of Nursing

Application for Admission

Instructions for Applicants

Procedure for Applicants

1. Return this completed application form to the School of Nursing, Charleston Southern University, P.O. Box 118087, Charleston, South Carolina 29423-8087 by March 15 if applying for fall Admission to the BSN and RN-BSN Program (Maymester start for RN-BSN).
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 School of Nursing will be considered.
4. Admission into CSU does not guarantee admission to the School 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 School of Nursing application "Early Admission." Copy of unofficial SAT, ACT and high school transcript should be attached (See Charleston Southern University School of Nursing website for eligibility criteria).

Applicant Name _____

Social Security Number _____ - _____ - _____

Semester of Admission: Fall _____ **(Year)**

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

Do Not Write In This Space

Office Use Only:

Date Application Rec'd _____

Admission GPR _____

SAT/ACT/MAT Score _____

Application Action _____

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
_____ Telephone () ()
Zip Code Home # Daytime # if different from home #

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

Name of School	Address	Dates of Attendance	Date Diploma Conferred

College/University/Professional Nursing School

Name of School	City, State	Attendance Dates	Degree/Certificate/ Diploma Conferred	Date	# of Completed Credit Hours

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.

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.

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: _____

Section III: Student Statement

Please handwrite (in black or blue ink) response to the following in the space provided below. Attach additional pages if needed.

Describe your career goals and the way in which you think education at Charleston Southern University Derry Patterson Wingo School of Nursing would prepare you to attain those goals. Describe relevant experiences you have had which will help you in achieving your career goals.

Fact sheets describing the documentation needed to be eligible for licensure as a registered nurse are available upon request in the School 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 _____

**Derry Patterson Wingo School of Nursing
Charleston Southern University**

**Planning Sheet
Bachelor of Science in Nursing**

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 School of Nursing.

Name: _____ **SS#:** _____

Address: _____ **Phone: Hm** _____ **Wk** _____

Semester of Admission: Fall (year)

Earned at CSU

Earned Elsewhere

Non-Nursing Courses	Credits	Year Completed	Currently Enrolled	Grade	Credits	Year Completed	Currently Enrolled	Grade	School
Engl 111 Comp/Rhet I (3 sh)									
Engl 112 Comp/Rhet II (3 sh)									
Math 105 Intro Math Structures (3 sh) or Math 111 College Algebra (3 sh)									
Chem 110 Concepts of Chemistry/Lab (4 sh)									
Biol 215 Human Anatomy/Lab (4 sh)									
Biol 216 Human Physiology/Lab (4 sh)									
Biol 220 Microbiology/Lab (4 sh)									
Psyc 110 Gen Psychology (3 sh)									
Nurs 102 Foundations of Health Care * (3 sh)									
Reli 111 or 112 Survey of OT or NT (3 sh)									
Comm 110 Public Speaking (3 sh)									
Biol 345 Nutrition (3 sh)									
Nurs 260 Life Span Development (3 sh)									
Coin 209 Intro to Computers (3 sh)									
Foreign Lang/Lit at 200 Level (3 sh)									
Art 201, 202 or Musi 171 Appreciation (3 sh)									
Hist 111, 112 or 113 World Civ (3 sh)									
Statistics (Psyc/Soci 301, or other approved statistics course) (3 - 4 sh)									
Engl 202, 203 or 204 Survey of English or American Lit (3 sh)									
History or Political Sci Elective (3 sh)									
Total CSU									Total Transferred

*Either currently enrolled or previously completed Nurs 102 at Charleston Southern University to be eligible for application review.

**Derry Patterson Wingo School of Nursing
Charleston Southern University**

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.

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 215, 216 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 prenursing course and have a GPR in prenursing courses of 2.75 or better. Must have a CSU GPR of 2.5.
- 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)
- 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 School of Nursing, students will be required by the beginning of the fall semester to provide evidence of:
- 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 (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, Health Care Provider)
 - 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 _____

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APPLICATION DEMOGRAPHIC INFORMATION

Please respond to each area. The School 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) _____ (Work) _____

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? _____