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
Toll-Free: (800) 947-7474
Local: (843) 863-7075

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
   ________________ 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
       State   License #
   ____ RN
       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>
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College/University/Professional Nursing School

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<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>
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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 ___________________________
**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)

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<th>Non-Nursing Courses</th>
<th>Credits</th>
<th>Year Completed</th>
<th>Currently Enrolled</th>
<th>Grade</th>
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<td>Biol 226 Human Anatomy and Physiology</td>
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*Either currently enrolled or previously completed Nurs 102 at Charleston Southern University to be eligible for application review.

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.

   **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 prenursing prerequisite course and have a GPR in prenursing 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 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 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 TA 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 __________________
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?________________________________________________________