Application for admission to:
Department of Nursing and Rehabilitation Sciences
GENERIC BACHELOR OF SCIENCE IN NURSING PROGRAM

Applications to the nursing programs are **NOT** accepted without a COMPLETE application packet.

Please **type, print out, and mail** this application with supporting materials in **one** packet.

Name in Full: _____
Last Name First Name MI Maiden

Social Security # (Last 4 only): _____ ASU CID Number: _____ Date of Birth: _____

Mailing Address: _____

_____
City State Zip

E-mail Address: _____

Home Phone: _____ Alternate Phone: _____
Area code/number Area code/number

ALL Colleges/Universities you have attended or are presently attending:

_____

_____

_____

Diploma or Degree received: _____

Have you ever been enrolled in an A.A.S.N. /B.S.N. Nursing Program and taken nursing courses at any university/college? ☐ Yes ☐ No

If yes, _____
Name of School City/State Dates

If yes, you will need to submit the following information:

1. Letter of good standing from the Head of the Nursing Program
2. Letter of recommendation from your last clinical instructor (if applicable)

Do you wish to have these nursing courses evaluated for possible transfer credit? ☐ Yes ☐ No
If yes, you will need to submit copies of course descriptions, course syllabi, course work. This material must be submitted a minimum of 2 months prior to application deadline to allow time for review.

Please read the following information. If you have any questions, concerns or need additional clarification, contact the College of Health and Human Services. After you read the information, sign your name and enter the date indicating your knowledge of these requirements.

Licensure Eligibility*

The Board of Nurse Examiners determines eligibility requirements for applicants for the initial licensure by examination. All candidates for licensure will be required to answer the following questions:

1. Have you been convicted, adjudged guilty by a court, plead guilty, no contest or nolo contendere to any crime in any state, territory, or country, whether or not a sentence was imposed, including any pending criminal charges or unresolved arrest (excluding minor traffic violations)? This includes expunged offenses and deferred adjudications with or without prejudice of guilt. Please note the DUI's, DWI's, PI's must be reported and are not considered minor traffic violations. (One time minor in possession (MIP) or minor in consumption (MIC) do not need to be disclosed, therefore you may answer "No." If you have two or more MIP's or MIC's, you must answer "Yes.") ☐ Yes ☐ No

2. Do you have any criminal charges pending, including unresolved arrests? ☐ Yes ☐ No

3. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
   ☐ Yes ☐ No

4. Within the past five years, have you been addicted to and/or treated for the use of alcohol or any other drug? ☐ Yes ☐ No

5. Within the past five years, have you been diagnosed with, treated or hospitalized for schizophrenia and/or psychotic bipolar disorder, paranoid personality disorder, antisocial personality disorder or borderline personality disorder?
   ☐ Yes ☐ No

If your response is yes to any of these questions, you are strongly encouraged to submit a petition for "Declaratory Order" to the Board of Nurse Examiners prior to enrollment or within the first semester of the program. For information or guidance in this process to determine eligibility for licensure by examination, contact the Board of Nurse Examiners at 512-305-7400 or go to the web site: www.bon.state.tx.us. The "Declaratory Order" form can be accessed at http://www.bon.state.tx.us/olv/pdfs/doapp.pdf.

***Criminal background check is a separate mandatory requirement and must be completed with the application packet.**

Application Checklist

Students will turn in a complete application packet to the College of Health and Human Services. Incomplete application packets will not be considered in the selection process.

☐ **All applicants must be fully admitted to Angelo State University before applying to the Generic B.S.N. Program. (Apply to the university at: www.applytexas.org/adappc/commonapp.wb)**

☐ **ACT (20** minimum composite score**) or SAT (minimum of 1410** combined score verbal, math, and writing**).**

☐ **Yes, I will send a copy of scores to the College of Health and Human Services if Admissions does not have one on file.**

☐ **No, I have not taken the test, but will get it scheduled and send scores to the Office of Admissions.**

***The ACT or SAT score must be received by the College of Health and Human Services for the application file by the application deadline. Late submissions will not be accepted, and the application will be incomplete.**

☐ **Have a cumulative GPA of 2.5 or better**

☐ **Completed Criminal Background Check and Drug Screening through the agency contracted with the Nursing Program**

☐ **Completed prerequisite courses or provided proof of enrollment on any missing prerequisites.**

***A list of required prerequisites can be found under degree requirements on the following webpage: http://www.angelo.edu/dept/nursing/generic_bsn.php.**

***Minimum grade of "C" in all science and math courses**

☐ **Submitted TEAS V scores**

Once accepted, students will be required to provide a copy of health insurance, current CPR card, and submit the student immunization record.

If you have questions about transferred courses please visit, www.angelo.edu/dept/admissions/transfer.html

If you have not completed all of your prerequisite courses, complete the following section

I am currently enrolled in these courses (Please list): _____

_____

Name of College/University presently attending: _____

Courses still needed after this semester: _____

_____

I plan to meet these requirements during the _____ semester, 20___, at _____

College/University

PLEASE REVIEW AND SIGN

- I understand that withholding or giving false information on this application will make me ineligible for admission to or continuation in, the Angelo State University Nursing Program.

- I understand that it is **my responsibility** to be sure my application is complete with all required information before I can be reviewed for admission to the nursing program.

- I understand that I must receive a Letter of Acceptance from the Nursing Program before I can register for nursing courses, and I will be dropped from nursing courses if I register before receiving an acceptance letter.

My signature on this form demonstrates that all the information contained in this application is accurate and current.

Signature_____ Date_____

Please send transcripts directly to the Office of Admissions

Mail this application and additional required information to:
Angelo State University
College Health and Human Services
ASU Station #10911
San Angelo, TX 76909

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the College of Health and Human Services. 01/12
PRIVACY POLICY