



Application for admission to:
Department of Nursing
ASSOCIATE DEGREE 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: _____ Area code/number
Alternate Phone: _____ Area code/number

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

Diploma or Degree received: _____

Have you ever been enrolled in an AASN/BSN 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 Associate Degree Nursing Program Department Chair. 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 Check List

Students will turn in a complete application packet to the Nursing Office. 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 AASN 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 Nursing Department 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**
 - Please provide proof of enrollment on any missing prerequisites**
 - Completed Criminal Background Check through agency contracted with the Department of Nursing**
 - Submitted ASU Department of Nursing Student Immunization Record**
 - Copy of Healthcare Insurance**
 - Completed prerequisite courses with minimum GPA of 2.25:**
 - **Human Anatomy 2423***
 - **Human Physiology 2424***
 - **Microbiology 2411***
 - **College Algebra 1302 or Business Math 1311**
 - **Psychology of Adjustment 1303 or General Psychology 2301**
 - **Developmental Psychology 2304**
- *Minimum grade of "C" in all science courses**

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 INITIAL

___ 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 Department of Nursing 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 of Nursing and Allied Health
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 Nursing
Department. 10/10
[PRIVACY POLICY](#)**