**WEST LIBERTY UNIVERSITY HEALTH SCIENCES**

**APPLICATION FOR ADMISSION TO THE NURSING PROGRAM**

**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ ADMITTED

\_\_\_\_\_ REJECTED \_\_\_\_\_ HOLD

\_\_\_\_\_ PRE-REQUISITES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE RECONSIDERED: \_\_\_\_\_\_\_\_\_\_\_\_

OUTCOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In order to be considered for admission to the WLU Nursing Program you***

***must have:* (Please check)**

* Applied for admission to West Liberty University
* Completed at least 42 hours of college credit including:

❑ PSYC 101, 252

❑ BIO 124/125

❑ CHEM 100/101 or CHEM 110/111

❑ BIO 212

* Submitted transcripts from any institutions other than West Liberty
* Achieved a cumulative GPA of 3.0 or higher (2.0 for RN applicants)

*This GPA does not guarantee admission, but is a minimum requirement for admission consideration.*

* Scored a minimum ACT composite score of 20 or a combined score of 1030 SAT
* I will have a background check with “unremarkable” findings and a drug screen with “clean” results.

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student **ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LAST) (FIRST) (MI)

List any different last name(s) you have ever used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you currently an RN? ❑ YES ❑ NO

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET) (COUNTY) (CITY) (STATE) (ZIP CODE)

**E-MAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN DO YOU PLAN**

**PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO **BEGIN: FALL of \_\_\_\_\_\_\_\_\_**

(HOME) (CELL) (YEAR)

**EDUCATION:** List most recent first – (include High School, other college/university, and any previous West Liberty course work)

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL** | **YEARS** | **GRADUATION DATE / DEGREE** | **CUM. GPA** |
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**WORK:** List most recent first

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYER** | **YEARS** | **SUPERVISOR** | **JOB TITLE** |
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**NOTE:** The West Virginia Board of Examiners for Registered Professional Nurses reserves the right to deny a license to practice registered professional nursing to Persons who abuse alcohol and/or drugs, have been convicted of a felony or engaged in other improper activities as stated in Article 7, Chapter 30, Section 11, Code of West Virginia.

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return application by *FEBRUARY 1st* to: West Liberty University – Nursing Program, 208 University Drive, CSC# 140, West Liberty, WV 26074-0295 or drop off at the Health Sciences Office (351 Campbell Hall).**

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