



BACHELOR OF SCIENCE IN NURSING
APPLICATION FOR ADMISSION

Full legal name: _____
(Last) (First) (Middle) (Other which may appear on record)

Student ID #: 900- _____ - _____ Local address: _____
(Street or P.O.) (City) (State) (Zip)

Email address: _____ Cell phone: _____ Home phone: _____

Permanent address (if different from above): _____
(street or P.O.) (City) (State) (Zip)

In case of Emergency, contact: Name: _____ Phone: _____

Admission to the BSN Program

- **Prospective nursing students will need to request an application packet from the Nursing Office.**
- **Packets are due by August 1st prior to the sophomore year. Students will receive notification of admission status by November 1st of the sophomore year.**
- **Late applications will be considered only on a space availability basis.**

Admission Requirements

All admission requirements must be completed before the application is reviewed.

1. Acceptance into ASC (all transcripts from other institutions must be reviewed).
2. Minimum of a 3.0 GPA required after completion of all general education courses and nursing pre-requisites, including course grades for the first semester sophomore year (Final acceptance is conditional on maintaining a 3.0 GPA in the fall semester of the sophomore year).
3. Demonstrate technological proficiency by taking BUS 120 **or** CSCI 100 **or** testing out.
4. Proof of having completed a certified nursing assistant course or Basic Nursing Skills (NURS 179C).
5. A 500-word essay addressing honesty, initiative, and empathy and the relationship to nursing.
6. Two letters of recommendation from persons in an authority position, i.e. an employer, teacher, coach, or religious leader. Letters from relatives will not be accepted.
7. Background check including drug screening and finger printing
 - Background checks **must** be through the company used by ASC. Contact Nursing Department for forms.

Requirements prior to Clinical but not Admission to Nursing Program

1. Current CPR certification required prior to clinical participation. A 2-year certification and appropriate timing is recommended so one certification will last you throughout your nursing program enrollment.
2. Malpractice insurance ongoing throughout program enrollment.
3. Documentation of updated immunization record and a brief physical examination will be required. Forms will be given to you for completion.

I hereby certify that to the best of my knowledge, the information furnished in this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal.

Applicant's signature: _____ Date: _____

All materials should be sent to:

**Adams State College
Department of Nursing
208 Edgemont Blvd.
Alamosa, CO 81102**