



**BACHELOR OF SCIENCE IN NURSING  
APPLICATION FOR ADMISSION**

Full legal name \_\_\_\_\_  
(Last) (First) (Middle) (Other name(s) which may appear on your record)

Student ID # 900- -            Local Address \_\_\_\_\_  
(Street or PO) (City) (State) (Zip)

Email address \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Permanent address if different from above \_\_\_\_\_  
(Street or PO) (City) (State) (Zip)

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

**Admission to the BSN Program**

*Prospective nursing students will need to download an application packet from the BSN website. Packets are due by **August 1** prior to the Sophomore year. Students will receive notification of admission status by **November 1** of the Sophomore year. Late applications will be considered only on a space available 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 received).
2. Minimum of 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.
4. Proof of having completed a Nursing Assistant course or experience with basic patient care skills.
5. Successful completion of a basic patient care proficiency checklist.
6. A 500-word essay addressing honesty, initiative, and empathy.
7. Two letters of recommendation (one from a professor and one from a person in an authority position, i.e., an employer, coach, or religious leader. Letters from relatives are not acceptable).
8. Background check including drug screen and fingerprinting. Students are required to submit to random drug screening at own expense. Fingerprints are required prior to admission and in the second semester of the junior and senior years. Background checks must be through the company ASC uses. Contact the Nursing Department for forms.
9. A physical exam and updated immunization record.
10. Current CPR certification.
11. Health insurance ongoing throughout program enrollment.
13. Malpractice insurance ongoing throughout program enrollment.

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. RH 232  
Alamosa CO 81102**