> ****IMPORTANT****
> Form MUST be the semester and year
> for which you are applying.

YOU MUST FILL IN ALL BLANKS

Student name (print): _____ NSHE #: _____

The semester for which I am applying is: _____ Phone: _____

The application deadline is: _____ Today's date: _____

1. **Check if applicable:**

    _____ I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).

    Note: Grades of "P & TP," and "S or TS" received prior to spring 2020, will be considered a "C" unless you attach an **official** transcript showing a different grade – see LE Policy for additional information on "S & TS" grades. A grade of "TR" will not be accepted unless you attach an **official** transcript showing actual grade; and "LELC" courses will be accepted only with proof of approved substitution waiver/request.

    ==**PLEASE NOTE: PROOF OF APPROVED SUBSTITUTION WAIVER/REQUEST MUST BE ATTACHED IF APPLICABLE**==

2. **Circle either TRUE or FALSE to <u>ALL</u> the following.**

    TRUE FALSE My science classes (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.

    TRUE FALSE I understand that GPA for prerequisite courses must be 2.50 or higher.

    TRUE FALSE I am not currently enrolled in a Limited Entry Program.

    TRUE FALSE I have met with a Health Programs Advisor. Date of meeting: _____

    TRUE FALSE I have completed the Limited Entry Workshop. Date of workshop: _____ <u>and</u> attach quiz result**.**

    TRUE FALSE I have paid the $20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).

    TRUE FALSE A copy of my high school transcript (showing date of graduation), GED transcript, HiSet transcript, TASC transcript or transcript showing conferred Associate degree (or higher) is attached. <u>Unofficial copy is okay.</u>

    TRUE FALSE I have attached proof of satisfying the **English Proficiency Requirement** by providing a copy of one of the following. (See explanation/options at: https://www.csn.edu/_csnmedia/documents/program-documents/nursing-aas/Nurs-EnglishProficiency.pdf)

        _____ High school or college transcript   _____ GED, HiSet, or TASC (English version) transcript

        _____ TOEFL scores (84 / 26 in spoken English)   _____ Pearson Test (55 / no score lower than 50)

    TRUE FALSE My TEAS Scores meet the minimum requirements. Fill in scores <u>and</u> attach a copy of score sheet.

        Reading Score _____ (min 80%)   Math Score _____ (min 60% - 80%)

        Writing/English Score _____ (min 60% - 75%)   Science Score _____ (min 60% - 80%)

    TRUE FALSE I have completed the following classes with a "C" or higher. ("C-" is not accepted).

        _____ BIOL 189 (year taken _____ / grade _____)   _____ PSY 101 (grade _____)

        _____ BIOL 223 (year taken _____ / grade _____)   _____ ENG 100/101/110/113 (grade _____)

        _____ BIOL 224 (year taken _____ / grade _____)

        _____ MATH 120, 120E or higher (see advisement sheet) (math class taken _____ / grade _____)

    ==**IF YOU ANSWERED "FALSE" OR LEFT ANY OF THE ABOVE ITEMS "BLANK", YOU CANNOT SUBMIT YOUR APPLICATION PACKET WITHOUT SELECTION SPECIFIC EXCEPTION WAIVER OR MEMORANDUM**==

3. **Read and initial the following.**

    _____ I have read, understand, and agree to comply with the Limited Entry Academic Programs Policy and Procedures.

    _____ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.

    _____ I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.

    _____ I understand that if I repeat a course, the highest of the first three attempts, including W, WT or AU, will be used.

    _____ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline date.

    _____ I understand that no additional documentation can be added to my application after the deadline date.

    _____ I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn't provide documents.

    _____ I understand that I must submit everything at one time with this checklist even if submitted to another department.

    _____ I understand that once I accept a position in a Limited Entry program, I cannot apply to another Limited Entry program until I complete or exit the program I originally accepted.

    _____ I understand that I may receive a point deduction if I reapply to a program that I was previously enrolled in.

    _____ I understand that I must transfer TEAS scores to CSN if the test was not taken through CSN.

4. **Circle either YES or NO for each item below that you are submitting for points.**

    YES NO Copy of current license, registry, or credential with a valid expiration date and individually assigned number

    YES NO Health care work experience (approved form at https://www.csn.edu/nursing-associate-of-applied-science)

5. **Check all that apply. Fill in <u>ALL</u> blanks.**

    I have completed the following general education courses with a grade of "B" or better in two attempts or less for points.

        _____ BIOL 251 (year taken _____ / grade _____)   _____ PSC 101 or HIST 100 (grade _____) **OR**

        _____ COM 101 or 215 (grade _____)   _____ HIST 101 or PSCUS (grade _____) **AND**

        _____ SOC 101 (grade _____)   _____ HIST 102 or 217 **OR** PSC 100 (grade _____)

RETURN YOUR COMPLETE APPLICATION PACKET TO THE LIMITED ENTRY OFFICE
WEST CHARLESTON, ROOM K-216, (702) 651-5633

Student Signature: _____