

DELTA STATE UNIVERSITY
ROBERT E. SMITH SCHOOL OF NURSING
BACHELOR OF SCIENCE IN NURSING
PROGRAM APPLICATION

I am applying for the following program: BSN _____ RN to BSN Completion _____

Summer _____ Fall _____ Year _____ Full-time _____ Part-time _____

1. Name in Full _____
(Last) (First) (Middle)

2. Home Address _____
(Number & Street or RFD) (City) (State) (Zip) (County) (Phone)

3. Mailing Address _____
(If different from home)

4. Phone Number: Home _____ Cell _____

5. Email Address _____ 6. Male _____ Female _____

7. In order to accurately respond to requests from a variety of federal, state, and community entities, DSU asks you to answer the following two questions:

(a) Do you consider yourself to be Hispanic/Latino? Yes _____ No _____

(b) In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native _____

Asian _____

Black or African American _____

Native Hawaiian or Pacific Islander _____

White _____

8. Date of Birth _____

9. Student ID# _____
(Banner ID or SS Number)

10. List all institutions of learning attended since high school (attach extra sheets as needed)

Institution _____ through _____

Institution _____ through _____

11. Composite score on the ACT _____ If less than 21, when do you plan to retake? _____

12. Have you previously enrolled in any type of nursing program? _____ If yes, type of program _____

13. When do you expect to enroll in the DSU School of Nursing? _____

14. The following statements, documents, and forms must be submitted by the appropriate deadline before this application for admission is considered. **It is the applicant's responsibility to ensure that all documentation is received in the School of Nursing.**

A. Admission to Delta State University

B. Official ACT profile score

C. Transcripts from all colleges and universities attended. A student entering the School of Nursing who wants to receive credit for prior nursing course(s) from another program must submit a request and credit be negotiated before admission to the School of Nursing and not after the student is enrolled.

D. Three references utilizing School of Nursing criteria and forms. One reference must be academic in nature.

E. Score on an approved Admission Assessment Exam.

F. Progress report of academic standing for any pre-requisite courses in progress at date of application.

G. RN applicants only: Copy of a license or privilege to practice nursing as a Registered Nurse in Mississippi. Individuals who hold a restricted license may or may not be eligible for admission.

15. Have you ever been convicted or are you in the process of being tried for a misdemeanor or felony?

Yes No If yes, explain _____

Individuals having been convicted of a misdemeanor or felony may not be allowed to write the NCLEX Exam for RN Licensure. In their discretion, the Mississippi State Board of Nursing has the authority to refuse licensure to anyone convicted of a misdemeanor or felony. (See State of Mississippi, Law, Rule & Regulations, Mississippi Board of Nursing Section 73-15-29 (1) (b)).

16. I hereby make application to the Robert E. Smith School of Nursing, Delta State University and agree to abide by the regulations and policies of the Robert E. Smith School of Nursing and to accept responsibility for payment of all charges incurred while I am a student. I further declare that the information on this application is complete and accurate, to the best of my knowledge. I understand that willfully withholding information or making false statements on this application may be used as the basis for denial of admission or for the basis of dismissal if enrolled in the School of Nursing program.

Applicant's Signature _____

Date _____

ASSURANCE OF COMPLIANCE (NO 34-0090):

Delta State University is committed to a policy of equal employment and educational opportunity. Delta State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or veteran status. This policy extends to all programs and activities supported by the University.

Revised: 07/09

**REFERENCES FOR ADMISSION
TO THE BACHELOR OF SCIENCE IN NURSING PROGRAM
DELTA STATE UNIVERSITY
ROBERT E. SMITH SCHOOL OF NURSING**

1. Three references are required for admission to the Robert E. Smith School of Nursing.
2. The applicant is responsible for securing the recommendations.
3. Persons requested to give references should complete the forms provided and return them to the School of Nursing no later than March 1 for BSN admission and no later than February 15 for RN to BSN admission.
4. Questions regarding references should be directed to the Chair of Academic Programs, Delta State University School of Nursing.
5. References for BSN, generic or basic, (those without RN licensure) students **MUST** be from the following:
 - a. High school principal or counselor
 - b. College level instructor (Required)
 - c. Employer, if the student has been employed in the past
 - d. Any person other than a family member, if the student has not been employed.
6. References for Registered Nurse students **MUST** be from the following:
 - a. Employer (Required)
 - b. College level instructor (Required)
 - c. High school principal or counselor
 - d. Any person other than a family member, if the student is unable to get a reference from a high school principal or counselor.

**REFERENCE FOR ADMISSION
TO THE BACHELOR OF SCIENCE IN NURSING PROGRAM
DELTA STATE UNIVERSITY
ROBERT E. SMITH SCHOOL OF NURSING**

Name of Applicant _____

Please evaluate the applicant according to the following scale:

- 0** **Unsatisfactory**
- 1** **Below Average**
- 2** **Average**
- 3** **Above Average**
- 4** **Outstanding**

Decision Making	
Ability to Work with Others	
Appearance	
Responsibility	
Dependability	
Initiative	
Leadership Potential	
Integrity	
Stability	
Adaptability to Change	

**Please return to: Delta State University
Robert E. Smith School of Nursing
P. O. Box 3343
Cleveland, MS 38733**

Signed _____

Relationship to Applicant _____ Academic

_____ Employer
_____ Other (Specify)

_____ **Highly Recommend**

_____ **Recommend**

_____ **Recommend with reservation**
(Explain under comments)

_____ **Do not recommend**
(Explain under comments)

Comments:

Name _____
(Please Print)

Title _____
(Please Print)

School/Agency _____

City _____ State _____

Zip Code _____ Phone _____

Date _____

DELTA STATE UNIVERSITY
ROBERT E. SMITH SCHOOL OF NURSING

Please complete this form listing courses you are completing the semester prior to application to the School of Nursing and return to:

Delta State University
Robert E. Smith School of Nursing
P. O. Box 3343
Cleveland, MS 38733

Student Name _____

Semester _____

I am not enrolled in any courses the semester prior to application to the Robert E. Smith School of Nursing _____

NAME OF COURSE	COURSE NUMBER & DEPARTMENT	NUMBER OF CREDIT HOURS	UNIVERSITY/COLLEGE WHERE TAKING COURSE	GRADE AS OF 2 WEEKS PRIOR TO APPLICATION DEADLINE	INSTRUCTOR'S SIGNATURE AND DATE SIGNED

Form must be returned to Robert E. Smith School of Nursing by application deadline