

# DELTA STATE UNIVERSITY ROBERT E. SMITH SCHOOL OF NURSING

## BACHELOR OF SCIENCE IN NURSING PROGRAM APPLICATION

I am applying for the Fall: Year \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

1. Name in Full \_\_\_\_\_  
(Last) (First) (Middle)

2. Home Address \_\_\_\_\_  
(Number & Street or RFD) (City) (State) (Zip) (County)

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 _____
Institution _____	through _____
Institution _____	through _____

Do you have a previous Bachelor's Degree? \_\_\_\_\_

11. Composite score on the ACT \_\_\_\_\_ If less than 18 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 Robert E. Smith 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 Robert E. Smith School of Nursing.**

- A. Admission to Delta State University (**Official transcripts must go to the Admissions office**)
- B. American College Test (ACT) scores
- C. Official transcripts from all colleges and universities attended (**Unofficial transcripts must be in application file by March 1 deadline**). A student entering the Robert E. Smith 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 Robert E. Smith School of Nursing and not after the student is enrolled.

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 73-1529 (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 Robert E. Smith 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: 02/25

**Delta State University**  
**Robert E. Smith School of Nursing**

While Delta State University (DSU) does not mandate the COVID-19 vaccine(s), healthcare agencies in which students perform clinical experiences are requiring proof of full vaccination. Some healthcare agencies are allowing medical and/or religious exemptions, however, DSU does not have an exemption process since the vaccine(s) are not mandated. Therefore, religious and/or medical exemption may be obtained only if the healthcare agency allows and approves. Due to limited clinical placement, faculty workload, and direct patient care requirements, alternative clinical sites/experiences will not be provided for students who are unvaccinated and/or unable to obtain a medical and/or religious exemption approval through a healthcare agency. If a student is unable to complete the required clinical hours for the program, the student will be unable to progress.

*I, \_\_\_\_\_, have read and fully understand the above statement.*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

If you are already fully vaccinated for Covid- 19 (2 Doses of Moderna, 2 doses of Pfizer, or 1 dose of Jansen and Jansen also known as J&J) or, have started the process of being vaccinated, please send a copy of your shot record. You can send it via email, fax or you can mail back with this form.

**Required documentation may be sent to Holly Haney, Senior Secretary, via US mail to:**

**Delta State University**  
**Robert E. Smith School of Nursing**  
**P. O. Box 3343**  
**Cleveland, MS 38733**  
**OR, VIA email to: [ghaney@deltastate.edu](mailto:ghaney@deltastate.edu)**  
**OR, VIA fax: 662-846-4271**

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

or Mail to:

Student Name \_\_\_\_\_

Semester \_\_\_\_\_

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

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