

# GRAMBLING STATE UNIVERSITY

## SCHOOL OF NURSING

### RN to BSN in Nursing



### **Nursing Program Application Packet – Summer 2019 Admission**

**Application Deadline – February 25, 2019**

Completed application must be returned to the School of Nursing office no later than 4:00 pm.

**Late or Incomplete Applications Will Not Be Accepted**

INSTRUCTIONS FOR APPLICATION  
READ CAREFULLY!

Admission Information and Requirements

Admission to Grambling State University RN to BSN program is contingent upon the student maintaining an unencumbered Registered Nurse license and satisfactory results of a drug screen. Information on how to obtain both reports will be provided upon acceptance. The Department of Nursing has sole discretion to deny acceptance based on information contained in either of these two reports.

**1. APPLICATION FOR ADMISSION TO GRAMBLING STATE UNIVERSITY**

Students who are not currently enrolled at Grambling State University must first apply and be accepted to the university. You may apply to Grambling State University via the Admissions Office at [www.gram.edu](http://www.gram.edu). If you experience difficulties or have questions regarding the admission process, contact the Admissions Office at 318-274-6183.

**2. APPLICATION FOR ADMISSION TO SCHOOL OF NURSING RN-BSN PROGRAM**

The application for admission form should be completed accurately and may be returned to the nursing school in person at Grambling State University School of Nursing BSN Program. If you unable to bring them in person, the application may be sent via email to [birchj@gram.edu](mailto:birchj@gram.edu) or faxed to 318-274-3491. **Late or incomplete applications will not be considered for admission to the School of Nursing RN to BSN program.**

Applications submissions are welcome and must be submitted to the School of Nursing office prior to 4:00pm on February 25, 2019.

**3. OFFICIAL TRANSCRIPTS**

Students must submit official transcripts from all colleges and universities (i. e. Grambling State University) to Grambling State University Admission Office and Grambling State University School of Nursing (GSUSON) by the end of February. If your application does not reach these areas by the end of February, your application will be considered incomplete and will not be considered for admission. It is the student's responsibility to have all of their transcripts, from all colleges/universities attended, forwarded to Grambling State University Admission Office and the School of Nursing in the allotted time.

## **ADMISSION REQUIREMENTS**

Grambling State University School of Nursing RN to BSN is a post licensure option to the Bachelor of Science in Nursing with 120 credit hours. Students applying for admission to the RN to BSN program must:

- a. Hold current license as a Registered Nurse.
- b. Have completed Associate Degree in Nursing (ADN) or an Associate of Science in Nursing (ASN) from an accredited college or university or a Diploma RN from an accredited hospital program or an accredited technical program.
- c. Have completed coursework with an overall GPA of 2.8 or above at the completion of 60 credit hours of pre-requisite courses from Freshman and Sophomore years (maintaining a 2.8 GPA in Inorganic Chemistry and Lab, Anatomy and Physiology I & II and Labs, Microbiology and Lab, and Pathophysiology). Have completed 30 credit hours of clinical based courses from the Junior year with a grade not less than a "C" and have not repeated a course more than once.

### **4. NOTIFICATION TO APPLICANTS**

Applicants will be notified, by mail, of their admission status by the 2nd week in May. No information of acceptance or denial to the program will be given to any applicant by phone or electronic messaging. Official letters will be sent from Grambling State University School of Nursing BSN Program only. Applicants must indicate, in writing, their acceptance by the date stated in their acceptance letter in order to secure their place in the program.

Thank you for reading all of the previous information, noting all dates and procedures. If you have met all qualifications and requirements, please continue to the nursing application.

**GRAMBLING STATE UNIVERSITY**  
**SCHOOL OF NURSING**  
**Application for Admission to RN to BSN Program**

**Personal Information**

Date: \_\_\_\_\_

Year and semester for which you are applying: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

G# \_\_\_\_\_ or DL#/ID# \_\_\_\_\_

Permanent Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address:

\_\_\_\_\_

Have you ever pleaded “guilty” or “no contest” to, or been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an unencumbered nursing license? Yes \_\_\_\_\_ No \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

If no, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education History:** (You must list all universities/colleges from which you earned college credit/degrees including Grambling State University. List most recent first).

College/University: \_\_\_\_\_

City & State: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Major or field of study: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

GPA (estimated): \_\_\_\_\_

College/University: \_\_\_\_\_

City & State: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Major or field of study: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

GPA (estimated): \_\_\_\_\_

College/University: \_\_\_\_\_

City & State: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Major or field of study: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

GPA (estimated): \_\_\_\_\_

**Professional Experience:** (Please list the jobs you have held for the last seven years. Most recent first).

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Held: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**I certify that information provided on this application and any attachments is true and accurate. I further certify that I have read these documents and I understand that falsification of these documents may result in denial of my application, denial of permission to progress in clinical nursing courses, dismissal and/or licensure as a registered nurse.**

**Applicant's Signature** \_\_\_\_\_

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

**RN to BSN Program**

<b>Senior Year</b>			
<b>Summer Semester</b>		<b>Hours</b>	
Nur 306 Health Assessment		5	
Nur 306K Health Assessment Practicum		0	
<b>Total</b>		5	
<b>Senior Year</b>		<b>Senior Year</b>	
<b>1<sup>st</sup> Semester (Fall)</b>	<b>Hours</b>	<b>2<sup>nd</sup> Semester (Spring)</b>	<b>Hours</b>
Nur 415 Intro Research in Nursing	3	Nur 418 Clinical Thinking in Nursing	2
Nur 416 Community Health Nursing	4	Nur 419 Adult Health III Nursing	5
Nur 416K Community Health Practicum	0	Nur 419K Adult Health III Practicum	0
Nur 417 Adult Health II Nursing	6	Nur 420 Management in Nursing	5
Nur 417K Adult Health II Practicum	0	Nur 420K Management Nursing Practicum	0
<b>Total</b>		13	<b>Total</b>
			12