

**INDIANA STATE UNIVERSITY SCHOOL OF NURSING  
APPLICATION FOR ADMISSION - UNDERGRADUATE**

**ACADEMIC PROGRAM IN NURSING  
BACCALAUREATE NURSING – TRADITIONAL TRACK - NO PRIOR LICENSE**

**MAJOR CODE: 20 9250BSN**

**INSTRUCTIONS: Complete this application, sign (page 1) and initial (page 2) digitally, save a copy and submit to the School of Nursing via the application portfolio submission link (see bottom of page 3), along with all required accompanying documents (see checklist), by the appropriate deadline.**

**DEADLINES:**

**May 1 for admission into the fall semester    November 1 for admission into the spring semester**

**SEMESTER AND YEAR IN WHICH YOU WISH TO ENTER THE PROGRAM:**

**Semester:**  Fall     SPRING  
**Year:**  2021     2022     2023     2024     2025

**PERSONAL INFORMATION**

<b>NAME (LAST)</b>	<b>(FIRST)</b>	<b>(MIDDLE)</b>
<b>MAIDEN/FORMER NAME</b>	<b>DATE OF BIRTH (MM/DD/YYYY)</b>	<b>GENDER (OPTIONAL)</b>
<b>CELL PHONE XXX-XXX-XXXX</b>	<b>ISU E-MAIL ADDRESS USERNAME@SYCAMORES.INDSTATE.EDU</b>	
<b>UNIVERSITY ID NUMBER XXX-XXX-XXX</b>		

**ACADEMIC INFORMATION**

<b>HAVE YOU PREVIOUSLY EARNED A COLLEGE DEGREE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES, FIRST DEGREE EARNED:</b>
<b>YEAR:</b>
<b>INSTITUTION:</b>
<b>AREA OF STUDY:</b>

<b>HAVE YOU PREVIOUSLY EARNED A COLLEGE DEGREE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES, SECOND DEGREE EARNED:</b>
<b>YEAR:</b>
<b>INSTITUTION:</b>
<b>AREA OF STUDY:</b>

<b>HAVE YOU PREVIOUSLY EARNED A COLLEGE DEGREE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES, THIRD DEGREE EARNED:</b>
<b>YEAR:</b>
<b>INSTITUTION:</b>
<b>AREA OF STUDY:</b>

<b>HAVE YOU PREVIOUSLY EARNED A COLLEGE DEGREE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YES, FOURTH DEGREE EARNED:</b>
<b>YEAR:</b>
<b>INSTITUTION:</b>
<b>AREA OF STUDY:</b>

**CERTIFICATION/LICENSURE INFORMATION**

<b>DO YOU NOW HAVE, OR HAVE YOU EVER HAD, ANY TYPE OF HEALTHCARE CERTIFICATION OR LICENSE? (CERTIFIED NURSE ASSISTANT, PHARMACY TECH, ETC.) **DOES NOT INCLUDE CPR **</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STATE:</b>
<b>TYPE:</b>
<b>DATE AWARDED:</b>
<b>CERTIFICATE / LICENSE #:</b>

<b>DO YOU NOW HAVE, OR HAVE YOU EVER HAD, ANY TYPE OF HEALTHCARE CERTIFICATION OR LICENSE? (CERTIFIED NURSE ASSISTANT, PHARMACY TECH, ETC.) **DOES NOT INCLUDE CPR **</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STATE:</b>
<b>TYPE:</b>
<b>DATE AWARDED:</b>
<b>CERTIFICATE / LICENSE #:</b>

<b>DO YOU NOW HAVE, OR HAVE YOU EVER HAD, ANY TYPE OF HEALTHCARE CERTIFICATION OR LICENSE? (CERTIFIED NURSE ASSISTANT, PHARMACY TECH, ETC.) **DOES NOT INCLUDE CPR **</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STATE:</b>
<b>TYPE:</b>
<b>DATE AWARDED:</b>
<b>CERTIFICATE / LICENSE #:</b>

<b>DO YOU NOW HAVE, OR HAVE YOU EVER HAD, ANY TYPE OF HEALTHCARE CERTIFICATION OR LICENSE? (CERTIFIED NURSE ASSISTANT, PHARMACY TECH, ETC.) **DOES NOT INCLUDE CPR **</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STATE:</b>
<b>TYPE:</b>
<b>DATE AWARDED:</b>
<b>CERTIFICATE / LICENSE #:</b>

I certify that the information provided with this application is true. I understand that admission is competitive and class size is limited. I recognize that failure to complete this application and to submit all of the required documentation may result in denial of admission to the Nursing Program for the desired semester.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

[Instructions for Digitally Signing this Document](#)

CHECKLIST FOR APPLICATION FOR ADMISSION TO BACCALAUREATE NURSING PROGRAM - TRADITIONAL TRACK

(PLEASE INCLUDE THIS PAGE WHEN UPLOADING)

NURSING MAJOR - TRADITIONAL 4-YEAR TRACK FOR STUDENTS ENTERING WITHOUT PRIOR LPN OR RN LICENSURE

**ADMISSION TO THE UNIVERSITY**

- Complete application to the University and submit applicable application fee to Indiana State Office of Admissions
- Submit official high school transcript with University application (required for ALL nursing students)
- Submit all college transcripts with University application (Note: Required cognate or nursing courses completed with a grade of less than "C" may result in admission ineligibility. Transfer students are held to the same admission and progression standards as matriculating students. See Admission and Progression Policy link below.)

**APPLICATION TO NURSING MAJOR** - Application occurs after meeting admission criteria, including pre-requisite course requirements, for the traditional track ([Admission, Progression, Retention, Dismissal, and Graduation Policy](#)):

- All pre-requisite courses have been successfully completed **or** will be completed by the end of the current semester.
- All pre-requisite courses successfully completed within the last ten (10) years.

**APPLICATION PORTFOLIO** - Portfolios will not be considered unless complete and submitted by the application deadline.

**Retain a copy of all documents for your personal records. You will need them again!**

I have retained copies of all of the below documents included this application portfolio. \_\_\_\_\_ (initial here)

- Application for Admission (this document)
- Copy of all licenses and certifications listed on pages 1 and 2 of application (if applicable)
- Eligibility for Application for RN Licensure-[Legal Limitations Notification](#) (signed form):
- Student Outcomes Assessment [Memorandum of Understanding](#) (signed form):
- Nursing Program [Immunization Record](#) – (completed and signed by applicant and healthcare provider):
  - Documentation must meet the specifications outlined in the [Nursing Student Health policy](#)
- Copy of results of a [national level criminal background check](#) – (to be completed **within three months** of application deadline):
- Proof of current [Cardiopulmonary Resuscitation \(CPR\) Certification for the Healthcare Provider](#) - (include a copy of the signed card in your portfolio and bring your original signed card when submitting OR include a copy of the certificate):
- [Drug Screening Procedure and Policy Acknowledgement Form](#) (sign Addendum A, do not include Addendum B):
- Proof of a negative ten panel drug screening from [Terre Haute Right Choice](#) or [UAP Clinic – Student Health Center](#) (to be completed **within 30 days** of application)

**SUBMISSION OF APPLICATION PORTFOLIO:**

- This application form and all accompanying required documents must be submitted through the online application process.
- All required documents must be complete and included with the online application. They may not be submitted separately.
- The online application link for spring admission will be available no later than October 1. Early submission is encouraged to allow time for corrections.
- The online application link for fall admission will be available no later than April 1. Early submission is encouraged to allow time for corrections.
- If you do not receive the link by these dates via your Sycamores email, please call the Nursing Student Services Office at (812) 237-2316 or email [Tiffany Krabel](#).

Revised 9/11/2020