

**SHEPHERD UNIVERSITY**  
School of Nursing  
P.O. Box 5000  
Shepherdstown, WV 25443-5000  
(304) 876-5341  
<http://www.shepherd.edu/nurseweb/>

**BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM  
APPLICATION FOR ADMISSION**

**APPLICATION DEADLINES**

Students are admitted to the BSN Program in the Fall Semester or Spring Semester. The deadlines for submitting an application to the School of Nursing along with your Detail Degree Evaluation and completing an advisement interview are:

Admission in Fall Semester – March 1  
Admission in Spring Semester – October 1

**ADMISSION CRITERIA**

Students become candidates for admission into the nursing program in their sophomore year upon meeting the following criteria.

1. Admission to Shepherd University is required before applying to the nursing program;
2. Submit official transcript(s) to the Admissions Office to have a Detailed Degree Evaluation completed prior to deadline. Please allow adequate time for this to be processed.
3. Until admitted to the BSN Program, nursing majors will be designated as “pre-nursing” and will be advised by nursing faculty members;
4. Eligibility to complete the 59 lower-division course hours as identified in the pre-nursing curriculum prior to matriculation;
5. Completion of NURS 320 Bioethics in Nursing before the beginning of the semester you are applying for to enter the Nursing Program. Students transferring with ALL the prerequisites may take NURS 320 concurrent with their other first semester courses;
6. Must have cumulative GPA of 2.7 at the time of application submission;
7. Must achieve grade C or above in the following courses: BIOL 225/227, BIOL 226/228, BIOL 302, CHEM 125/125L, NUTR 318, PYSC 101, SOCI 203, NURS 320, MATH 101 and/or MATH 105 and Statistics
8. Submit a School of Nursing application for admission; and
9. Meet with academic advisor **prior to March 1** for intended enrollment in the Fall Semester or **prior to October 1** for intended enrollment in the Spring Semester. Transfer students may schedule an appointment with the Director of the School of Nursing.

Refer to the School of Nursing website on-line at  
<http://www.shepherd.edu/nurseweb/> for changes to admission criteria.

## APPLICATION

Name \_\_\_\_\_ Student I.D. Number \_\_\_\_\_  
(Last) (First) (Middle)

Are any of your education records in another name? If so, please indicate \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Number and Street or P.O. Box)

\_\_\_\_\_  
(City or Town) (State) (Zip Code)

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Permanent resident of \_\_\_\_\_ since \_\_\_\_\_  
(State) (Date)

Applying for admission in  Fall Semester, 20\_\_\_\_  Spring Semester, 20\_\_\_\_

Are you currently enrolled at Shepherd University?

- Yes If "yes", please give date \_\_\_\_\_  
 No If "no", you must apply for admission prior to being accepted to the  
School of Nursing.

Have you taken courses at another college or university?  Yes  No

If yes, you must have a transfer evaluation completed by the application deadline. Have you submitted a copy of your official transcripts to the Admissions Office?  Yes  No

Are you currently or formerly licensed as an:

- LPN (list state) \_\_\_\_\_  
 Certified Nursing Assistant (list state) \_\_\_\_\_  
 Certified Medication Assistant (list state) \_\_\_\_\_  
 Paramedic (list state) \_\_\_\_\_  
 Emergency Medical Technician (list state) \_\_\_\_\_  
 Other (list state) \_\_\_\_\_

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COLLEGE OR VOCATIONAL SCHOOL (list all institutions attended)

School	Address	Dates Attended	GPA	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PERSONAL STATEMENT:** Answer the following questions in your own words.

What does nursing mean to you?

What are your career goals?

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Have you ever been placed on academic probation, suspended, dismissed, or asked to withdraw from any education institution?

Yes  No **If “yes”, provide a written explanation on separate sheet.**

Have you ever been convicted of a felony or other offenses, other than minor traffic offenses of a non-jailable nature?

Yes  No **If “yes”, provide a written explanation on separate sheet.**

**Please note that any history of a jailable offense is of concern, as to an applicant for a professional program. You are encouraged to discuss your history with the School of Nursing Director prior to application. Your explanation should include whatever information can help the School of Nursing faculty to have confidence that you can and would conform to the professional standards required in the program.**

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**HEALTH STATUS:** Do you have a physical, mental, or emotional health problem which would prevent you from adhering to the School of Nursing’s Core Performance Standards for the Nursing Program and Standards of Professional Conduct and Safe Clinical Practice (BSN Program Nursing Student Handbook)?

Yes  No

**If “yes”, please describe** \_\_\_\_\_

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**I certify that the information I have provided in this application is accurate.**

**Signature** \_\_\_\_\_

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