

Instructions for Application to the Nursing Major

- Application to the NDSU nursing program is accepted only from a student who has been **admitted to NDSU and is a pre-nursing student**. Students not previously enrolled at NDSU must apply both to NDSU (with a NDSU Application for Admission) and to the professional major (with the Supplemental Nursing Application form). Applications to NDSU are available on-line at http://www.ndsu.edu/prospective_students/. Click on “Application and Forms” and follow directions for completion.
- Current official **transcripts** from all schools attended during and after high school must be on file in the Office of Registration & Records. Transcripts must indicate a minimum of 27 semester hours which include English composition II, fundamentals of public speaking, psychology, sociology **or** anthropology and a minimum of 11 credits in any three of the following: general chemistry, biochemistry, microbiology, and anatomy/physiology. The microbiology, anatomy/physiology and at least one chemistry must include a lab.
- Two **references** are required. Provide the Reference Form to the person you are asking to complete a reference. It is appropriate to include a stamped envelope, addressed to the address given below, with the Reference Form. **Please have reference sign the seal of the envelope.**
- Applicants will be required to complete an **essay** prior to **MAY 20**. To sign-up for a time to complete the essay as well as additional information about the essay, please visit: www.ndsu.edu/nursing
- All application materials must be postmarked by the nursing department **MAY 20**. **It is the applicant’s responsibility to verify that all application materials have been received by the nursing office by the deadline.**
- The following **checklist** may be helpful in completing your application:
 - Application to the Nursing Program
 - Application Fee of \$50:** Check or money order payable to Department of Nursing
 - Transcripts on file at the Office of Registration and Records
 - Reference #1
 - Reference #2
 - Completed Essay
 - An interview may be requested. If so, you will be notified.

**Send completed NDSU Nursing Program
Application form to:
Must be postmarked by May 20th**

Nursing Department
NDSU-Dept # 2670
PO Box 6050 / 136 Sudro Hall
Fargo, ND 58108-6050

If you have questions call the NDSU Nursing Department at (701)231-7395.
**A Question & Answer session, sponsored by the NSDU Student Nurses’ Association, will
be held in April. Please watch for more details.**

Application to the Nursing Major

North Dakota State University
Nursing Department
NDSU – Dept # 2670
PO Box 6050 / 136 Sudro Hall
Fargo, ND 58108-6050

THE APPLICATION DEADLINE IS MAY 20.

Name _____
Last First Middle Former name, if applicable

Notification Address _____
Street City State ZIP

Permanent Address _____
Street City State ZIP

Telephone # _____ E-mail Address: _____

Please provide NDSU ID number. _____ Date started at NDSU: _____

COLLEGES OR UNIVERSITIES ATTENDED:

List **all** colleges/universities/vocational institutions you have attended in order of most recent attendance, including North Dakota State University. Please have a current transcript sent to the Nursing Department.

Name of Institution and Location	Dates Attended	Reason For Leaving or Degree Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever attended or been admitted to another program of nursing? _____

If yes, please indicate the name and address of the program and your reason for leaving (attach page if needed).

REFERENCES: All applicants are requested to supply two confidential references (non-relatives). At least one reference should be from a member of a helping profession - clergy, nurse, counselor, former college teacher.

Name	Position	Address	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PREREQUISITE COURSEWORK

Please Note: All courses required for admission must be completed by **MAY 20**. See NDSU Nursing *Fact Sheet*, *NDSU Bulletin*, website: <http://www.ndsu.edu/ndsu/academic/factsheets/pharm/nursing.shtml#curriculum>

The Department of Nursing Admissions Committee would like additional information about you as an applicant:

List any awards, honors or special recognition you have received. _____

List any volunteer work or experiences you have done in the community. _____

Optional (For data collecting only): Are you currently an Unlicensed Assistive Person or a Certified Nursing Assistant? Yes No

For the incoming class, two students will be granted admission if qualified applicants in Army or Air Force ROTC at NDSU.

Are you in Army ROTC (Reserved Officer Training Corps)? Yes No

Are you in Air Force ROTC (Reserved Officer Training Corps)? Yes No

ESSENTIAL QUALIFICATIONS

The curriculum leading to a baccalaureate degree in Nursing requires that students engage in diverse, complex, and specific experiences essential to the acquisition and practice of nursing skills and functions. Possession of certain abilities are necessary to ensure the health and safety of patients and others. Abilities needed for admission to the nursing program relate to motor skills, sensory abilities, communication, cognitive (thinking) processes, behavioral and emotional health, and professional conduct. A list of these abilities (Essential Qualifications) is included in the Nursing Student Handbook (available online at www.ndsu.edu/nursing) and is also available for review in the nursing department.

The nursing program will make reasonable accommodations, but is not required to make modifications that would alter the nature of the requirements of the nursing program or present an undue burden to the nursing program. An applicant who has concerns in this area is advised to meet with your faculty advisor in the nursing program.

DEPARTMENTAL REQUIREMENTS

After admission to the nursing major other documents are required. The Department of Nursing will notify you concerning dates for completion.

- Multi-State Criminal Background Check as well as FBI Checks. If the review disqualifies you from providing care, your circumstances will be individually evaluated.
- Health Record
- CPR Certification at the AHA Healthcare Provider level or American Red Cross Professional Level

INFORMATION REGARDING FUTURE LICENSURE BY BOARDS OF NURSING

In order to insure safety for clients and to avoid denial of a license by a board of nursing, it is important that you are aware of the following: Substance abuse and certain physical or mental conditions can be a cause for denial of a license to practice nursing. In addition, certain criminal conduct or offenses can be a cause for denial of a license to practice nursing. If you need further information, please contact your nursing faculty advisor, the Associate Dean for Nursing, or a state board of nursing representative. The following questions are similar to those that appear on an application for licensure.

Affirmative answer to these questions do not exclude you from review for admission. Your circumstances will be individually evaluated. A false answer to any of these questions will result in your not being admitted to the major or immediate dismissal from the program when the deception is discovered.

- Yes No 1. Have you ever been convicted of a crime other than a minor traffic offense, or been involuntarily confined based on harm to self or others?

- Yes No 2. Have you ever been disciplined for cheating or any other offense at any college?

- Yes No 3. Have you ever had a nursing registry listing marked for abuse, neglect or misappropriation of property?

If "yes," please describe on a separate sheet, offense, circumstances, and any disciplinary action taken against you. This information will be reviewed by the nursing program's Admissions and Academic Progression Committee.

"I certify, that to the best of my knowledge, all information given on this application and supporting documentation is correct and complete. I understand any omission, misinformation, or misrepresentation, may void my admission or result in dismissal or revocation of any degree awarded based upon this admission."

Applicant's Signature _____ Date _____

Reference Form

North Dakota State University

Nursing Department

NDSU – Dept # 2670

PO Box 6050 / 136 Sudro Hall

Fargo, ND 58108-6050

Must be postmarked by May 20

PLEASE PRINT

1. Name of Applicant _____
Last First Middle Former name, if applicable

I waive my right to see this reference: _____
 (Applicant signature)

NOTE: The person whose name appears above has applied for admission to the Nursing Program. It would be helpful to the nursing department if you would give us an assessment of the applicant as called for below. **Please complete the reference and place in an envelope and sign the seal of the envelope.**

2. How long have you known the candidate and in what capacity? _____

3. Please check:

	Outstanding	Very Good	Average	Below Average	Do Not Know
Integrity/Honesty					
Initiative/Motivation					
Maturity					
Ability to work with others					
Communication skills					
Empathy/caring					
Judgment					
Ability to make decisions					
Dependability					
Overall rating					

4. If you have other comments you believe might be of value to the nursing department, please state them below. (If more space is needed, continue on the back.)

Name _____ Title _____
(please print)

Address _____
Street City State ZIP

Telephone (_____) _____ Date _____
Area Code

SEND COMPLETED REFERENCE FORM TO ADDRESS LISTED ABOVE

Reference Form

North Dakota State University
Nursing Department
 NDSU – Dept # 2670
 PO Box 6050 / 136 Sudro Hall
 Fargo, ND 58108-6050

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Name _____ Title _____
(please print)
 Address _____
Street City State ZIP
 Telephone (_____) _____ Date _____
Area Code

SEND COMPLETED REFERENCE FORM TO ADDRESS LISTED ABOVE

Optional:

The information requested below is voluntary and will be used for summary reports required by federal and state laws and regulations and to support institutional affirmative action efforts. It will not be used as a basis for admission or in a discriminatory manner. You will not be subjected to adverse treatment if you do not provide any of the requested information.

Gender: Male Female **Age:** _____

In which state are you a legal resident: _____

Do you have a baccalaureate degree? _____; **If yes, please specify what area** _____

Year obtained _____

Predominant Ethnic Background (Optional - check one)

- | | |
|--|--|
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Caucasian (White) |
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-Ethnic background (please list) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | _____ |

First Language _____