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# Application to the Nursing Major

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

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## THE APPLICATION DEADLINE: UPLOAD BY 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? ~~NO~~  ~~YES~~

If yes, please indicate the name and address of the program and your reason for leaving.  
\_\_\_\_\_  
\_\_\_\_\_

**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.

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

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**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](http://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 does 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 c@ 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\* \_\_\_\_\_

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Date \_\_\_\_\_

\* Typing your name constitutes your signature.

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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** \_\_\_\_\_

**Predominant Ethnic Background** (Optional - check one) **Year obtained** \_\_\_\_\_

Black or African-American

Caucasian (White)

American Indian or Alaskan native

Hispanic or Latino

Asian

Multi-Ethnic background (please list)

Native Hawaiian or Other Pacific Islander

\_\_\_\_\_

**First Language** \_\_\_\_\_

Name of your High School:

What was the size of your graduating high school class?

What is the population of your hometown?

Upload the completed application using the  
[Upload website.](#)