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| **PROGRAM APPLYING FOR:**  **Regular Option**  **Accelerated Option**  **LPN/BSN** |

**Submission Deadline:**

**September 15th- Admission for Spring Semester**

**February 1st- Admission for Fall Semester; Summer (Accelerated)**

**SOUTHEASTERN LOUISIANA UNIVERSITY**

**SCHOOL OF NURSING**

**APPLICATION FOR PROGRESSION**

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Last First Middle and/or Maiden

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Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Box or Street Number City State Zip Code

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell Email

Currently enrolled at SLU: Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If No**, have you applied to and been accepted into Southeastern Louisiana University with **evaluated** transcripts:

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**If no see applicable guidelines below**)

List names and dates of other Colleges/ Universities you have attended:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a **prior Bachelor’s degree** and want to be considered for the **Accelerated** track?

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

(If Yes, provide transcript with notation or **copy of diploma.)**

Have you ever filed for Academic Renewal? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a **nursing major** in a previous nursing program? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Yes, attach letter of “**Good Standing**” from a previous program Dean.)

Do you currently hold a professional license? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been subject to disciplinary action while attending a University? Yes\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A CRIMINAL BACKGROUND CHECK WILL BE DONE ON EACH APPLICANT, ONCE ACCEPTED.**

**DRUG TESTING WILL BE REQUIRED, ONCE ACCEPTED.**

**INFORMATION CONCERNING THE APPLICATION**

All students must submit an Application for Progression in the School of Nursing before enrolling in the clinical component of the Nursing curriculum (Nursing 314,315,305,319). A grade of **C or higher** is required in each of the pre-requisite courses for progression in the clinical component of nursing with a **minimum cumulative GPA of 3.0 on required general education pre-requisite courses.**

The following general education courses are **pre-requisite to the clinical nursing coursework**:

LS 102; Math 151 or 161 and Math 241; English 101, 102, and 230 or 231 or 232; Sociology 101; Biology and lab 151/ 152: Chemistry 107; Psychology 101 and 204; FCS 251; Zoology and labs 250/252 and 251/253; Micro and lab 223/224.

History Elective, Communications 211, and Art Elective are required for the nursing degree, but will **NOT** be used in calculating your cumulative GPA on application.

**Please initial indicating compliance and understanding of the following statements:**

**1.** You must be **currently enrolled at Southeastern in every remaining pre-requisite course** the semester of application or have **COMPLETED all pre-requisite** **courses** with documentation on file in the School of Nursing. If you are a **transfer student**, you must meet with a SON advisor after transcripts have been evaluated by Enrollment Services, but **before** the application deadline. All substitutions must be approved prior to Application. ***Initial:\_\_\_\_\_\_\_\_\_***

**If any course from a different college needs to be substituted, you need to make an appointment with the Dept. Head, Dr. Eileen Creel or the Undergraduate Coordinator, Dr. Kristie Riddle at 985-549-2156 to fill out all necessary paperwork prior to the Application Deadline.**

**2.** **IT IS THE RESPONSIBILITY OF THE STUDENT TO SEE THAT ALL RECORDS ARE IN THE SOUTHEASTERN SYSTEM BY THE DESIGNATED DEADLINE (FEBRUARY 1ST OR SEPTEMBER 15TH**). Determination of eligible students will be based on official records and grades that are in system at the time of application. The School of Nursing is not responsible for incomplete records. ***Initial:\_\_\_\_\_\_\_\_\_\_\_***

**3.** **ALL GRADES POSTED on the transcript at the time of application will be used in the calculation of cumulative degree GPA.** At the time of application, if there are any posted grades of less than C in the required pre-requisite courses, your application is **ineligible** until a grade of C or better is posted. A student who is not selected or is ineligible for progression must re-file his/her Application for Progression to be considered for the next semester ***Initial:\_\_\_\_\_\_\_\_\_\_\_\_***

**4.** You must have **completed all required pre-requisite** courses with **a C or better** by the end of the current semester (or Summer term) and have a **cumulative GPA of 3.000** or higher on the required pre-requisite courses. If a student who has been tentatively accepted drops below the required GPA or fails to complete course work, the student will no longer be eligible and may not enroll in the nursing courses. During the semester of application if a D/F is earned, the application becomes ineligible. The applicant may reapply when a grade of C or better is posted. ***Initial:\_\_\_\_\_\_\_\_\_***

**5.** The number of students selected for progression each semester may vary according to the resources available to the School of Nursing at the time. **All students eligible may not be accepted**. ***Initial:\_\_\_\_\_\_\_\_\_\_***

**6.** The application must be in the Office of the School of Nursing - Hammond Campus, Room 1009, New Kinesiology Building, by **February 1st** to apply for Fall semester, and by **September 15th** for Spring semester. **All** applications **must be delivered in person** to the School Office on the Hammond Campus. No applications received through the mail will be accepted without prior approval of the School of Nursing. ***Initial:\_\_\_\_\_\_\_\_\_\_***

**The information provided by the student in this application form will be treated confidentially and will be reviewed only by authorized committee members and staff.**

**For Statistical Purposes Only:** Date of Birth Race Sex \_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the INFORMATION CONCERNING THE APPLICATION and have completed the APPLICATION FOR PROGRESSION FORM to the best of my knowledge. I am willing to appear for interviews and/or take such qualifying examinations or medical examinations as may be required. Falsification of this record may result in the application being ineligible.

I certify that **I have read and understand the requirements** for progression in the nursing curriculum at Southeastern Louisiana University School of Nursing as stated in the General Catalogue of the University. I hereby submit my application for progression.

(DATE) (SIGNATURE OF APPLICANT)

Nursing Application/revised Oct.2014, 7/30/15