

HEALTH SCIENCES // APPLICATION 2017-2018

APPLICATION FOR PROGRAM _____

DATE _____

NAME _____

SSU ID _____

ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NO _____ CELL PHONE NO _____

PREFERRED EMAIL ADDRESS _____

HEALTH SCIENCES ADMISSIONS COORDINATOR

BOBBI MASSIE

Health Sciences Building Room 126

740.351.3209 or 740.370.9776 texting // healthsciencesadmissions@shawnee.edu





**Inquiry and Admission Packet
Baccalaureate Nursing Program
BSN Pathway**

Minimum requirements for admission

- Have a college GPA of 2.5 (on a 4.0 scale)
- Have a grade of “C” or higher in all pre-nursing course work, which includes the first two semesters and the summer session of the pre-nursing curriculum.
- Nursing applicants must achieve a minimum composite ACT score of 22 with an 18 or above in all four areas of concentration **or** greater than 20 hours of college credit.
- The GPA used is the most current cumulative GPA recorded at the end of the semester in which application is made.
- In the event a course has been repeated, the highest grade attained will be used.
- Points will be calculated to the hundredth (3.56, etc.).
- Applicants with the highest scores will be admitted, in rank order, until all available seats are filled.

Instructions:

1. You must first submit an application for admission to Shawnee State University. If you are already enrolled at SSU, a change of major form should be submitted to Office of Registrar requesting major be changed to Pre-Health Sciences (PRHS).
2. The Baccalaureate Nursing Program application must be printed, completed, and returned along with the Health Science Application Fee (\$30 cash, check or money order payable to Shawnee State University) to the Office of Admission by May 1st. If you have previously applied to a Health Science program, you are not required to pay the \$30 application fee. The application fee is a one-time payment only. Applications received after the deadline are processed after those received prior to the deadline.

Application and Acceptance of Responsibility
Baccalaureate Nursing Program
BSN Pathway

Name: _____ Student ID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Cell: (_____) _____

I understand that if admitted to the Nursing program, I will be responsible for:

1. Caring for clients of all ages, ethnic, and social backgrounds.
2. Traveling to a clinical site up to 75 miles away from campus and arriving at designated clinical time.
3. Securing a reliable source of transportation.
4. Devoting up to 12 hours a day to my education, including reading, group study, and clinical preparation.
5. Spending up to 20-30 hours a week in classroom, lab, or hospital setting.
6. **I understand that a felony conviction on my record may disqualify me as a candidate for licensure as a registered nurse.**
7. Criminal Background check and Drug Screen must be received by Department of Nursing Secretary 10 working days prior to first semester of nursing courses. This documentation must be repeated annually and received by Department of Nursing Secretary 10 working days prior to the beginning of the semester. Students are not permitted to begin course and clinical work if this documentation is not received. The student must withdraw from all nursing courses that semester.

Signature: _____ Date: _____

Return this application form with \$30 application fee to:

Shawnee State University

Office of Admission

940 Second St.

Portsmouth, OH 45662

Shawnee State University does not discriminate in admission, access or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, veteran status or qualified handicap.