

# Associate Degree LPN-RN Nursing Pathway

Associate Degree in Nursing (ADN)

---

Name (First and Last)

---

SSU ID Number

---

Today's Date

---

Address

---

City

---

State

---

Zip Code

---

Home Phone

---

Cell Phone

---

Preferred E-mail Address

Return this application form, along with any  
other requested documents in this packet, to:

Shawnee State University  
Office of Admissions  
940 Second Street  
Portsmouth, OH 45662





## **Inquiry and Admission Packet**

### **Associate Degree LPN-RN Nursing Pathway**

#### **Minimum requirements for admission**

| <b>Applicants with less than 20 hours of college credit</b>   | <b>Applicants with 20 or more hours of college credit</b>   |
|---|---|
| <ul style="list-style-type: none"><li>• Submit high school transcript/ GED certificate</li><li>• Have a GPA of 2.0 or higher on a 4.0 scale in high school or college credit</li><li>• Achieve a minimum composite ACT score of 22 with an 18 or above in all four areas of concentration</li><li>• Submit LPN transcript</li></ul> | <ul style="list-style-type: none"><li>• Submit high school and college transcripts</li><li>• Have a college GPA of 2.5 or higher</li><li>• Achieve an SSU English Placement score or transfer credit equivalent in ENGL 1101 and an SSU Math Placement score or transfer credit equivalent in MATH 1010</li><li>• Submit LPN transcript</li></ul> |

#### **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 Associate in Natural Sciences.
2. The Associate Degree Nursing Program application must be printed, completed, and returned to the Office of Admission.

**Shawnee State University**  
**Application and Acceptance of Responsibility**  
**Associate Degree LPN-RN Nursing Pathway**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Indicate academic year to enter Program: Fall Semester \_\_\_\_\_  
Year

List your LPN license number and state: # \_\_\_\_\_

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. Scheduling time off work or from clinical 24 hours prior to an assigned clinical time during the obstetrical rotation.
7. Providing Federal and State Background Checks, a 5-panel quick drug screen, proof of flu immunization, and any other documentation needed to comply with clinical site's policies and procedures and meet clinical affiliation requirements.
8. Providing a completed SSU Confidential Physical form prior to first day of class, maintaining required current immunizations as requested, and proof of Basic Life Support (BLS) Provider CPR.
9. **I understand that a felony conviction on my record may disqualify me as a candidate for licensure as a registered nurse. Certain felonies restrict clinical site placement. Clinical attendance is a requirement of the program and failure to meet those requirements could lead a student to unsuccessful completion of the program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this application form to:  
Shawnee State University  
Office of Admission  
940 Second St.  
Portsmouth, OH 45662

Board of Trustee Policy 5.01

**This policy serves to ensure that there are University structures and processes in place that promote equal opportunity for students and employees and prohibit discrimination against any individual because of race, color, genetic information, religion, age, disability, national origin, ancestry, sex, pregnancy, sexual orientation, veteran status or military status.**