APPLICATION FOR ADMISSION

TO THE UPPER DIVISION OF THE PROGRAM
LEADING TO A BACHELOR OF SCIENCE IN NURSING DEGREE
OFFERED BY THE

DEPARTMENT OF NURSING

UNIVERSITY OF ARKANSAS AT PINE BLUFF

To be considered for admission, the student must submit this Generic to the Department of Nursing. Deadline dates for submission (post marked) are March 15th for fall admission and October 15th for spring admission. The Department of Nursing assures equal opportunities to all qualified persons regardless of race, sex, age, religion, creed, handicap, disability, veteran status, national origin or ancestry.

Please print in ink or type. Complete each section. Avoid leaving blank spaces.

SECTION I

Name: _____SSN:_____

Permanent Address: _____ _____ZIP_____

Local Address: _____ _____ZIP_____

Telephone ( ) _____

Local Telephone ( )_____

Date of Birth:_____

Marital Status:_____

Sex: _____ Ethnic Origin (Optional): _____

In case of an emergency, contact:

Name: _____Telephone ( ) _____

Address: _____City/Zip: _____

List and explain any disabilities you have that would require special arrangements in order for you to complete the nursing program(I,e, vision, hearing, physical handicap, speech, etc.):

_____

_____

Have you ever been convicted of a felony? Y___N____
Have you ever been convicted of a crime? Y___N____
If yes, describe in detail, including action taken. If necessary, use separate sheet and attach._____

_____

SECTION II

High School Attended	Address	Graduation Date	G.E.D
Colleges Attended Begin with Present Include UAPB	Address	Date Attended	Degree

SECTION III

All applicants (generic, LPN's RN's) must have completed the following prerequisite course prior to admission to the program. Please complete the following section:

Course Number/Name	College/University	Semester/Year	Grade
1210 Personal & Social Development			
1311 English			
1330 College Algebra			
2451 Anatomy & Physiology			
2452 Anatomy & Physiology			
1320 Social Science or 2310 Intro Sociology			
1410 Principles of Chemistry??			
2300 General Psychology			
2321 Nutrition			
2301 Humanities			
2300 or above Literature Elective			

SECTION IV (TO BE COMPLETED BY LPN and RN applicants only.)

RN and LPN applicants must have completed the following courses. Please complete the following section:

Course Number/Name	College/University	Semester/Year	Grade
3470 General Microbiology			

2302 Developmental Psychology			
N2303 Basic Pharmacology of Nursing Practice			
N3202 Concepts & Process of Nursing Care			

SECTION V (To be completed by RN applicants only.)

RN applicants must have completed the following courses.
Please complete the section below.

Course Number/Name	College/University	Semester/Year	Grade
2312 American Government OR 2315 or 2318 U.S. History			
2330 Music Appreciation or 2340 Art Appreciation			
2302 Pathophysiology			
2370 Statistics			
2340 Effective Thinking/Logic			
2390 Oral Communications			
N3303 Nursing Research/Data Analysis			

SECTION VI

The following documents MUST be included with this application or be on file in the Department of Nursing:

A) Official transcripts & current of all Colleges/Universities/Schools of Nursing;
B) Three official letters of recommendation;
C) Copy of current, unencumbered Arkansas Nursing License (RN's and LPN's)

SECTION VII

Please Submit, with the completed application, a typewritten autobiographical essay of 100 words or less. The essay should be completed on a separate sheet of paper. You are to write about your personal philosophy of life, including reason for your interest, in professional nursing.

SECTION VIII

Before signing this application, please initial in the space provided to indicate that each of the following requirements have been completed:

___ Autobiographical essay enclosed
___ Three official letters of recommendation on file or enclosed
___ All transcripts with current CGPA (cumulative grade point average) on file or enclosed
___ ACT score submitted (or Test Date_____) OR validation of the University's treatment of basic academic studies if less than 19
____ Copy of a current, unencumbered Arkansas Nursing License (Draw a line through the space, write "COPY" or "VOID", as applicable)??
____ Sections I through VII, as applicable, have been completed

I hereby verify that the above is true and correct in every detail. I understand that withholding information or providing false information may lead to rejection of my application and/or dismissal from the program. I herby grant UAPB Department of Nursing the right to verify any of the information contained within this application.

_____ _____
Date of Application Signature of Applicant

Mail completed application to:

Admissions Committee Chairperson
Department of Nursing
University of Arkansas at Pine Bluff
1200 North University, Slot 4973
Pine Bluff, Arkansas 71601

Revised October, 2005