

DICKINSON STATE UNIVERSITY

Bachelor of Science in Nursing Completion Program Application (alternate admission)

(Application MUST be received in the School of Applied Sciences - Nursing no later than February 1)

Name _____ Date _____

Address _____ (street address) _____ (city) _____ (state) _____ (zip)

Email Address _____

Phone _____ / _____ DSU Empl ID number _____ (if applicable)
(Home) (Cell)

Have you applied/been accepted to Dickinson State University (as required)? ___ Yes; ___ No; ___ Pending

It is the student's responsibility to keep current contact information on file in the School of Applied Sciences - Nursing. Incorrect contact information may result in delay or exclusion of admission to the program.

Current nursing license number: RN _____ or LPN _____; State of licensure _____

OR

Nursing licensure pending passage of NCLEX: RN _____ or LPN _____; State of licensure _____

Your application will be considered INCOMPLETE and WILL NOT BE PROCESSED if the required official evidence of the following is not submitted WITH THIS APPLICATION:

College cumulative GPA _____ AND College cumulative nursing GPA _____

INTERNATIONAL STUDENTS ONLY

(who have NOT completed their AASPN degree at DSU)

I have included an official copy of my test scores which indicate minimum required scores of:

TOEFL (Test of English as a Foreign Language) Scores: Listening ≥ 22 _____; Reading ≥ 22 _____; Speaking ≥ 22 _____; & Writing ≥ 22 _____

OR

DUOLINGO English Test Exams Scores: Overall: ≥ 115 _____

Literacy: ≥ 90 _____; Comprehension: ≥ 90 _____; Conversation: ≥ 90 _____; Production: ≥ 90 _____

OR

IELTS (International English Language Testing System) Scores: Overall: ≥ 6.5 _____

Listening: ≥ 6 _____; Reading: ≥ 6 _____; Speaking: ≥ 6 _____; Writing: ≥ 6 _____

I plan to request ADMISSION to the nursing program for Fall _____ (academic year); OR

I plan to request READMISSION to the nursing program for Fall or Spring of the _____ (academic year)

Have you PREVIOUSLY applied to this nursing program? YES _____ NO _____
(date of PREVIOUS application)

Please be advised all nursing students admitted or readmitted to our nursing programs are required to complete annual criminal background checks (necessary for clearance for participation in clinical) & functional ability assessments.

All students who have previously attended any other college/university must submit copies of nursing course syllabi to the School of Applied Sciences - Nursing for consideration of course substitution.

List college/university attended and forward official transcript, (if not currently on file), to DSU School of Applied Sciences-Nursing:
Name and address of college/university

Mail application with required evidence to: School of Applied Sciences-Nursing, Dickinson State University, 291 Campus Drive, Dickinson, ND 58601; OR Attach application to email and send to: dsu.nursing@dickinsonstate.edu; OR Fax to 701-483-2524
If you have any questions about the application, please contact the School of Applied Sciences-Nursing at 701-502-4428