

DICKINSON STATE UNIVERSITY
Associate in Applied Science in Practical Nursing (AASPN) Program Application
(Application **MUST** be received in the Department of Nursing **no later than** February 1)

Name _____ Date _____

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

Email Address _____ DSU Empl ID Number _____
(if applicable)

Phone _____ / _____ Date of high school graduation or GED _____
(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 Department of Nursing.
Incorrect contact information may result in delay or exclusion of admission to the program.*

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

____ I have included an official final or partial high school transcript which indicates:

- ____ High school cumulative minimum GPA of 2.25 (college supersedes high school); **AND**
- ____ High school Algebra (minimum of C); **AND** ____ High school Chemistry (minimum of C)
- TR Scholar Yes No

____ I have included an official college transcript which indicates:

- ____ College cumulative GPA of 2.25 (college supersedes high school);
- ____ College Algebra (minimum of C); **AND** ____ College Chemistry (minimum of C)

____ I have included an official transcript of my GED scores which indicate:

- ____ GED Average Standard Score (minimum 145 or 450); **AND**
- ____ GED Math score (minimum 145 or 410); **AND** ____ GED Science score (minimum 145 or 410)

PERMANENT RESIDENTS AND INTERNATIONAL STUDENTS ONLY

____ I have included an official copy of my TOEFL Test Scores (Test of English as a Foreign Language) which indicate minimum required scores of:

Listening ≥ 22 _____; Reading ≥ 22 _____; Speaking ≥ 26 _____; and Writing ≥ 24 _____

1. I plan to request **ADMISSION** to the nursing program for Fall _____ (academic year); **OR**
2. I plan to request **READMISSION** to the nursing program for Fall or Spring of the _____ (academic year)

Please be advised all students admitted or readmitted to the 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 Department of Nursing for consideration of course substitution.

List college/university attended & forward official transcript, (if not currently on file), to DSU Department of Nursing:

Mail application with **required evidence** to: Department of 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