

**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)

**INTERNATIONAL STUDENTS ONLY**

\_\_\_ **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  $\geq$  22 \_\_\_; Reading  $\geq$  22 \_\_\_; Speaking  $\geq$  22 \_\_\_; and Writing  $\geq$  22 \_\_\_

**OR**

**DUOLINGO English Test Exams Scores:** Overall:  $\geq$  115 \_\_\_

Literacy:  $\geq$  90 \_\_\_; Comprehension:  $\geq$  90 \_\_\_; Conversation:  $\geq$  90 \_\_\_; Production:  $\geq$  90 \_\_\_

**OR**

**IELTS** (International English Language Testing System) **Scores:** Overall:  $\geq$  6.5 \_\_\_

Listening:  $\geq$  6 \_\_\_; Reading:  $\geq$  6 \_\_\_; Speaking:  $\geq$  6 \_\_\_; Writing:  $\geq$  6 \_\_\_

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](mailto:dsu.nursing@dickinsonstate.edu); **OR** Fax to 701-483-2524