

**DICKINSON STATE UNIVERSITY**  
**Bachelor of Science in Nursing Completion 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 \_\_\_\_\_

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 Department of 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  $\geq 22$  \_\_\_\_\_; Reading  $\geq 22$  \_\_\_\_\_; Speaking  $\geq 22$  \_\_\_\_\_; & 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:  $\geq 6$  \_\_\_\_\_

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 Department of Nursing for consideration of course substitution.

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

Name and address of college/university

\_\_\_\_\_  
\_\_\_\_\_

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

If you have any questions about the application, please contact the Department of Nursing at 701-483-2133 or 1-800-279-4295, x2133