

DICKINSON STATE UNIVERSITY

Bachelor of Science in Nursing Completion Program Application

(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 6/21; 10/22; 5/24