

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 ≥ 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 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; **OR** Fax to 701-483-2524

If you have any questions about the application, please contact the Department of Nursing at 701-502-4428 or 1-800-279-42953

6/21; 10/22