Western Connecticut State University
Department of Nursing
Application to the Nursing Major

Requirements for admission to the nursing major as described in the Western Connecticut State University Undergraduate Catalog is available online at: http://www.wcsu.edu/catalogs/undergraduate/sps/programs/nursing/#bs_nursing

Applications are due to the Department of Nursing in person by Monday, February 4, 2019 by 4pm. Late or incomplete applications will not be accepted.

Admission to the nursing major is based on the student’s academic performance and progress toward completion of all prerequisite courses. Acceptance into the nursing major is academically competitive. Final decision regarding admission to the nursing major is based on satisfactory completion of the prerequisite courses and those in progress. Be reminded that Bio 105 & 106, 215, Che 120 & 121 or its equivalent must have a grade of at least a ‘C’ or better. Also, the Science classes must have been completed within the last 5 years. Upon acceptance to the nursing major, a state and/or federal criminal background check is required. A criminal record may disqualify the applicant from admission to the nursing major, restrict clinical site availability, delay progress in the program, and/or delay licensure. Please review the technical standards on the nursing website. Please Note: background checks, drug testing, vaccinations, CPR certificates, uniforms, books, and equipment for clinical/lab are to be supplied by the student as a requirement for the program. This is an extra cost for the student.

If you have any questions, feel free to contact Dr. Jeanette Lupinacci (Undergraduate Coordinator) at lupinaccij@wcsu.edu or Dr. Joan Palladino (Chair) at palladinoj@wcsu.edu

Disability:
Contact AccessAbility Services (White Hall 005/(203) 837-3235) for special accommodations. AccessAbility Services provides assistance as needed. No accommodations can be made without a plan for study approved by this office.
Dear Applicant,

Please follow the instructions carefully and attach this checklist with your application and all supporting documents.

Incomplete applications will not be considered. Completed application is due on or before Monday, February 4, 2019 by 4pm. The completed application MUST be PERSONALLY delivered to the Department of Nursing Secretary, Chair, or Undergraduate Coordinator located in WH 107.

All correspondence regarding admission to the major will be via your University e-mail, which is the official communication of WCSU. This includes acceptance/non acceptance notification.

PRINT:

1. Name: ________________________________________________

2. WCSU Student ID # ____________________________________

3. Official Mailing Address: __________________________________
   __________________________________
   __________________________________

4. University Email Address: _________________________________

5. Cell Phone: ____________________________________________
   and
   Home Phone: __________________________________________

6. Attach Official Transcripts: inclusive of the FINAL FALL SEMESTER GRADES 2018 AND COURSES IN PROGRESS FOR THE SPRING 2019 SEMESTER from all other universities and or colleges attended. All GPAs will be reviewed and calculated. It is the student’s responsibility to include official transcripts and to make sure they are accurate.

   Transcripts from WCSU may be UNOFFICIAL.

   WCSU:    ☐ (Unofficial)
   All other Universities Attended: ☐ (MUST BE OFFICIAL)

7. Have you previously applied to the Nursing Program at WCSU? Yes ☐ No ☐
   If so, what year(s)___________.

8. Were you admitted to a nursing program before? Yes ☐ No ☐
   If so, what year(s)___________.

Revised date 12/10/2018 JHL/JP
By signing and dating below the student acknowledges that the application information is complete, authentic, and truthful. Qualified students may not be accepted due to limited classroom and or clinical placements.

__________________________________________________________________________  __________
Signature                                           Date

Application Received (Date) __________________________

Received by (Signature) ________________________________

Detach Receipt Below and Give to Student
__________________________________________________________________________

Name: ____________________________

My nursing application was received on (Date) ______________

by (Signature) ____________________________