

EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
SCHOOL OF NURSING

**APPLICATION FOR ADMISSION TO 2<sup>ND</sup> DEGREE OPTION**

Please submit completed application along with the following items by **March 1<sup>st</sup>** to be considered for admission into the 2<sup>nd</sup> Degree BSN Program.

1. Blank Second Degree Undergraduate Admission Scale & Essay Grading Rubric
2. Complete official transcripts of all academic work. International students must have an evaluation done by JSILNY, WES, or ECE to document degree completed. Contact admissions for more details. An interview may be required.
  - a. **Official transcripts are required.** (Front **and** back copies of official transcripts issued to student are acceptable.)
  - b. If applicable, official transcript of TOEFL score and JSILNY, WES, or ECE transcripts are required for International Students.
  - c. NOTE: Transcripts sent to ECU Admissions are not accessible by our office. They must be separately sent with your application.
3. Personal Essay (Maximum of 500 words). Grading criteria:
  - a. Organization/Writing Style and Grammar
  - b. Goals and Community Service
  - c. Consistent Values (articulates: caring humanistic view, commitment to nursing profession, honesty, and trustworthiness)
4. Professional Resume (Include educational and employment history).
  - ❖ List organizations, specific activities, and dates of service for each service activity
5. 3 professional reference letters from the following list:
  - ❖ Recent employer
  - ❖ Most recent academic program (Advisor, professor, etc.)
  - ❖ Recent service organization/volunteer work for which you were a participant
  - ❖ NO FAMILY OR FRIEND REFERENCES WILL BE ACCEPTED.
  - ❖ NOTE: Letters can be given to applicant and put with application packet or emailed/mailed directly to SON Main Office.

**Applicant's Personal Information:**

Name: \_\_\_\_\_ EKU ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (where letter will be sent): \_\_\_\_\_

**Bachelor's Degree Information:**

Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

Date Degree Completed: \_\_\_\_\_ Check if still in progress:  \_\_\_\_\_  
Term/Year to be completed

**Prerequisite Course Information:**

Anatomy & Physiology I \_\_\_\_\_ / \_\_\_\_\_  
Course Name & Number                      Term

Nutrition \_\_\_\_\_ / \_\_\_\_\_  
Course Name & Number                      Term

Anatomy & Physiology II \_\_\_\_\_ / \_\_\_\_\_  
Course Name & Number                      Term

Statistics \_\_\_\_\_ / \_\_\_\_\_  
Course Name & Number                      Term

Microbiology \_\_\_\_\_ / \_\_\_\_\_  
Course Name & Number                      Term

If a prerequisite has not been completed, please indicate the term you are taking it, where you will be completing it, and when it will be completed by. (Please note that all courses must be completed **before** you are eligible to begin the program).

Have you been enrolled in nursing courses in another nursing program?                      Yes     No

\*If yes, you must also complete the Applicant from Another Nursing Program form and the Nursing School Director Reference form.

Are you also applying to the Traditional BSN Option? (Separate application by March 31st)                      Yes     No

Are you applying to the Associate of Science in Nursing program? (separate application)                      Yes     No

Are you an Alice Lloyd student pursuing the Dual Degree Program?                      Yes     No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 01/11, 09/11, 5/12, 7/14, 6/15, 4/19, 7/20

**Mail application to:**  
Eastern Kentucky University  
School of Nursing  
Second Degree BSN Program  
223 Rowlett Building  
521 Lancaster Avenue  
Richmond, KY 40475-3102