EASTERN KENTUCKY UNIVERSITY COLLEGE OF HEALTH SCIENCES SCHOOL OF NURSING

For Office Use Only:
Date Received:
Complete in CastleBranch:

APPLICATION FOR ADMISSION TO STANDARD PRELICENSURE CLINICAL NURSING SEQUENCE

Name:					EKU ID #:							
Mailing Address:		Apt. # Will you be						e living on campus next semester?				
City:	State:		e:	Zip:			YES		N	NO		
EKU Email Address:					(ြာmymail.eku	ı.edu	(_	В	_) est Contac	 t Nu	mber
Ар	plying	to st	art Clini	ical Sequer	ice Progran	n: Sprinį	g() Fa	ıll () :	20		
Do you have a Bachelor If so, are you also apply Are you applying for ad Have you ever been eni (If yes, please complete the <u>Ap</u> i	ing for a mission olled in	dmissi to the nursin	on to the Associate g courses	2 nd Degree B e of Science in s in another n	SN option? Nursing prog ursing progra	m?	Yes [] Yes [] Yes [] Yes []	No [No [No []	N/A []	
Place a checkmark by substitute course wa currently taking it or	s autho	rized,	please l	ist the cours	se. If a prere	quisite has n	ot been com	plete	d, ple	ase indicat	e if y	ou are
	<u>(</u>	Comp	<u>leted</u>	Currentl	y Taking			Comp	leted	<u>Curi</u>	rentl	y Taking
CHE 105 &	105L	[]	[]	NSC 2	32/232L	[]		[]
BIO 307 A8	ιPΙ	[]	[]	NSC 2	12	[]		[]
BIO 308 A8	ιP II	[]	[]	NSC 2	52	[]		[]
BIO 273/M	LS 209	[]]]	MAT 1	.05 or higher	* []		[]
NFA 201		[]]]	Gen E	d. PSY course	e []		[]
In addition to the above the clinical nursing sequ	-	ed cou	rse work,	must have co	mpleted a mi	nimum of 18	additional hou	ırs of g	genera	l education p	orior	to beginnin
Please submit the 1. EKU Degree 2. Student D 3. Copy of Tra 4. Blank Trad	eWork ocumo nscrip	s Au entat ent of a	dit from ion Che any trar	EKU Direct ck-Off She nsfer cours	t et ework fron	n Institutio	ns other th	an El	KU.			
I verify that all docui	ments a	are <u>up</u>	loaded a	and <u>approve</u>	<u>ed</u> in Castlel	Branch	 Initial		 Date			
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