

EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING
APPLICANT FROM ANOTHER NURSING PROGRAM

Traditional BSN Program:

- Due March 31 for Fall admission
- Due October 31 for Spring admission

Second Degree BSN Program

- Due March 1 for Fall admission

I, _____, EKU ID # _____, am requesting admission to the Baccalaureate Nursing Program for the _____ semester of 20 _____.

EKU EMAIL ADDRESS TO WHICH NOTIFICATION OF DECISION IS TO BE SENT:

_____@mymail.eku.edu

Phone: (_____) _____
Home Local/Campus

Your presence is not required when your application is reviewed by the committee.

Please state 1) reasons for transferring, 2) if you applied for readmission at the other program and result of that application, 3) why the committee should act favorably on your application, and 4) description of academic activity since considering transfer. Attach additional sheet if necessary.

I have signed and mailed the release for my previous nursing school director to complete the Nursing School Director Reference Form. I realize my application will be considered only when my file is complete. **To be complete, my file needs to contain:**

- _____ 1.) Applicant from Another Nursing Program form.
- _____ 2.) Completed Nursing School Director Reference form.
- _____ 3.) **Copy of ALL transcripts from ALL institutions previously attended and also unofficial transcript report from EKU Direct if have been enrolled at EKU.**
- _____ 4.) Course outlines/syllabi of previously completed nursing courses.
- _____ 5.) Application For Admission to Clinical Nursing Sequence or Application For Admission to Second Degree Option (as appropriate).

Student Signature

Date

EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING
NURSING SCHOOL DIRECTOR REFERENCE

Name Title Mailing Address

School Name Phone

Please return to: Eastern Kentucky University
School of Nursing
Baccalaureate Nursing Admissions Committee, c/o Dr. Brooke Bentley, School Chair
Rowlett 223, 521 Lancaster Avenue,
Richmond, KY 40475

The following student, _____, _____,
Name ID #
reports being enrolled in your nursing program. The student was enrolled: _____.
Month/Year to Month/Year

Was the student satisfactory in all areas of clinical and classroom performance while enrolled in your program? YES _____ NO _____

Please indicate any deficiencies in the last course(s) taken by checking the appropriate categories below:

- ___ Nursing theory grade below passing
- ___ Clinical grade of unsatisfactory
- ___ Withdrew from course(s) in which was deficient in either classroom or clinical performance at the time of withdrawal
- ___ Other (please describe)

Did this student **apply for readmission** to your program? YES _____ NO _____

Is this student **eligible for readmission** to your program? YES _____ NO _____

If not eligible for readmission, please list reasons:

Please comment on your opinion regarding the applicant's potential for success.

Signature: _____, _____
Nursing Program Director Date

(STUDENT MUST COMPLETE THIS FORM AND SIGN BEFORE MAILING)

I, _____, do / do not (circle one) waive the right under the Buckley Amendment to inspect this reference which will be filed in my student record.

Student Signature

Date

Revised 8/06