

Southern University at Shreveport
 School of Nursing
 610 Texas Street, Suite 500-D
 Shreveport, Louisiana 71101
 (318) 670-9641

Application for Admission: NURS 125

Deadline for submission: March 1st (Fall Semester); August 1st (Spring Semester)

****Official transcripts from all colleges and universities previously attended must be sent to the School of Nursing (See above address)****

Name _____ Last 4 SS# _____
 Last First MI
 Address _____ Date of Birth ____ / ____ / ____
 Street
 _____ Ph# (Home) _____
 City State Zip
 (Cell) _____
 Enrollment _____
 Semester/Year

- | | <i>Yes</i> | <i>No</i> |
|--|------------|-----------|
| 1. Have you taken the NLN Preadmission Exam? | ___ | ___ |
| 2. If you have previously taken the NLN Preadmission Exam, have you arranged for your score to be submitted to SUSLA School of Nursing? | ___ | ___ |
| 3. Do you have an overall GPA of 2.5 or above?
What is your current overall GPA? _____
Current GPA | ___ | ___ |
| 4. Have you completed 12 credit hours at SUSLA? | ___ | ___ |
| 5. Have you obtained a grade of “C” or better in the following pre-requisite courses or their equivalents? Science courses may not be older than 5 years. | | |
| SCHE 110S: General Chemistry Lec | ___ | ___ |
| SENL 101S: Freshman English I | ___ | ___ |
| SBIO 212S: Microbiology | ___ | ___ |
| SBIO 221S: Human Anatomy & Physiology Lec | ___ | ___ |
| SMAT 121S: Pre-Calculus Algebra | ___ | ___ |
| NURS 104S: The Art of Nursing Practice | ___ | ___ |

- | | | <i>Yes</i> | <i>No</i> |
|-----|--|------------|-----------|
| 6. | Have you submitted <i>official</i> transcripts from all colleges and universities attended to the Nursing office? | ___ | ___ |
| 7. | Have you declared nursing as your major? | ___ | ___ |
| 8. | Have you previously been enrolled in a nursing clinical course at any other college or university?
If yes, when was the last date of enrollment? _____
Semester/Yr | ___ | ___ |
| 9. | Do you hold any other degrees?
List degrees _____
_____ | ___ | ___ |
| 10. | Do you currently hold a health care license?
List licenses held _____
_____ | ___ | ___ |
| 11. | Have you ever had a license that was revoked, suspended or restricted? | ___ | ___ |
| 12. | Have you completed the attached essay?
<i>Applications will not be accepted unless the essay is attached.</i> | ___ | ___ |

****ATTENTION STUDENT** Your application will *not* be considered unless the School of Nursing has received all official transcripts and your score on the NLN Pre-Admission Examination.**

Student Signature

Date Submitted

Nursing Representative Signature

Date Received

Name _____

Essay

Answer the following question thoughtfully.
Please limit your response to 1-2 pages (typed, double-spaced)

Why have you chosen nursing as your career path?