

DICKINSON STATE UNIVERSITY
Associate in Applied Science in Practical Nursing (AASPN) Program Application
(Application **MUST** be received in the Department of Nursing **no later than** February 1)

Name _____ Date _____

Address _____
(street address) (city) (state) (zip)

Email Address _____ DSU Empl ID Number _____
(if applicable)

Phone _____ / _____ Date of high school graduation or GED _____
(Home) (Cell)

Have you applied/been accepted to Dickinson State University (as required)? _____ Yes ___ No ___ Pending

*It is the student's responsibility to keep current contact information on file in the Department of Nursing.
Incorrect contact information may result in delay or exclusion of admission to the program.*

Your application will be considered INCOMPLETE and WILL NOT BE PROCESSED if the required official evidence is not submitted WITH THIS APPLICATION.

___ **I have included an official final or partial high school transcript which indicates:**
___ High school cumulative minimum GPA of 2.25 (college supersedes high school); **AND**
___ High school Algebra (minimum of C)
TR Scholar ___ Yes ___ No

___ **I have included an official college transcript which indicates:**
___ College cumulative GPA of 2.25 (college supersedes high school)
___ College Algebra (minimum of C)

___ **I have included an official transcript of my GED scores which indicate:**
___ GED Average Standard Score (minimum 145 or 450); **AND**
___ GED Math score (minimum 145 or 410)

INTERNATIONAL STUDENTS ONLY

___ **I have included an official copy of my test scores which indicate minimum required scores of:**
TOEFL (Test of English as a Foreign Language) **Scores:** Listening \geq 22 ___; Reading \geq 22 ___; Speaking \geq 22 ___; and Writing \geq 22 ___
OR
DUOLINGO English Test Exams Scores: Overall: \geq 115 ___
Literacy: \geq 90 ___; Comprehension: \geq 90 ___; Conversation: \geq 90 ___; Production: \geq 90 ___
OR
IELTS (International English Language Testing System) **Scores:** Overall: \geq 6.5 ___
Listening: \geq 6 ___; Reading: \geq 6 ___; Speaking: \geq 6 ___; Writing: \geq 6 ___

1. I plan to request **ADMISSION** to the nursing program for Fall _____ (academic year); **OR**
2. I plan to request **READMISSION** to the nursing program for Fall or Spring of the _____ (academic year)

Please be advised all students admitted or readmitted to the programs are required to complete annual criminal background checks (necessary for clearance for participation in clinical) & functional ability assessments.

All students who have previously attended any other college/university must submit copies of **nursing course syllabi** to the Department of Nursing for consideration of course substitution.

List college/university attended & forward official transcript, (if not currently on file), to DSU Department of Nursing:

Mail application with **required evidence** to: Department of Nursing, Dickinson State University, 291 Campus Drive, Dickinson, ND 58601; **OR**
Attach application to email and send to: dsu.nursing@dickinsonstate.edu; **OR** Fax to 701-483-2524