DICKINSON STATE UNIVERSITY
Online ADRN to BSN Completion 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 _____

Phone _____ / _____ DSU Empl ID number _____ (if applicable)
(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.

Current nursing license number: RN _____ ; State of licensure _____
             OR
Nursing licensure pending passage of NCLEX: RN _____ ; State of licensure _____

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

College cumulative GPA _____   **AND**   College cumulative *nursing* GPA _____

PERMANENT RESIDENTS & INTERNATIONAL STUDENTS
(who have **NOT** completed their AASPN degree at DSU)
___ **I have included an official copy of my TOEFL Test Scores** (Test of English as a Foreign Language)
   which indicate minimum required scores of:
   Listening ≥ 22 _____ ; Reading ≥ 22 _____ ; Speaking ≥ 26 _____ ; and Writing ≥ 24 _____

I plan to request **ADMISSION** to the nursing program for Fall _____ (academic year); **OR**

I plan to request **READMISSION** to the nursing program for Fall or Spring of the _____ (academic year)

Have you **PREVIOUSLY** applied to **this** nursing program?   YES _____ NO _____
(date of **PREVIOUS** application)

Please be advised all nursing students admitted or readmitted to our nursing 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 and forward official transcript, (if not currently on file), to DSU Department of Nursing:
        Name and address of college/university

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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