



**APPLICATION FOR ADMISSION TO
SOUTHERN UNIVERSITY SCHOOL OF NURSING
P.O. Box 11784
Baton Rouge, La. 70813-2029
Phone (225) 771-2653**

INSTRUCTIONS TO APPLICANTS

Applications are issued from **February 1st thru March 1st** for Fall semester and **August 1st thru August 31st** for Spring semester admission. All materials are due in the School of Nursing B.S.N. office (or postmarked) by 5:00 p.m. on the deadline day. **Do not apply if you will not meet all criteria.** It is the responsibility of the applicant to provide the School of Nursing with the information needed to evaluate his/her application. Note: (a) Admission into the nursing major is not automatic, and (b) Completion of the B.S.N. program does not guarantee licensure as a registered nurse.

Submit materials to: Admissions Committee
School of Nursing
Southern University and A&M College
P.O. Box 11784
Baton Rouge, LA 70813
Or Deliver to B.S.N. Office, 2nd Floor Nursing Building

NOTE: In addition to the following items listed below, **all course credits to be applied to the School of Nursing curriculum must be on file and in the Southern University-Baton Rouge (SUBR) Registrar's Office (i.e. SUBR credits and transfer credits) at the time of submitting an application to the School of Nursing; otherwise the admission review process will be incomplete.**

Submit the Following:

1. Completed School of Nursing Application
2. Copy of SAT or ACT scores
3. Copy of current semester schedule

TRANSFER STUDENTS

Transfer students may be admitted to the School of Nursing if they meet all admission criteria. Transfer credits are evaluated and accepted by the University Admissions Office. To have previous nursing courses evaluated for credit, sufficient information relative to the nursing courses must be submitted to the School of Nursing Curriculum Committee (i.e. course syllabus and catalog description).

Note: If you were previously admitted to another School of Nursing, you must be in good standing (i.e. eligible to return to that school of nursing at the time of application to Southern University School of Nursing).

The Southern University at Baton Rouge campus is an autonomous unit of the Southern University System. Ann A. Smith, Chairwoman of the SU Board of Supervisors, Dr. Ray L. Belton, President and Chancellor of the Southern University System, Dr. Janet S. Rami, Dean, College of Nursing and Allied Health.

"An Equal Educational Opportunity Institution."

**APPLICATION FOR ADMISSION TO BSN PROGRAM
SOUTHERN UNIVERSITY SCHOOL OF NURSING
Baton Rouge, La. 70813-2029**

DIRECTIONS: Please read instruction sheet and application carefully. Complete all items applicable to you. Submit application and all support documents by the deadline date.

1. NAME _____

LAST

FIRST

MIDDLE

2. PREVIOUSLY USED LAST NAME _____

3. SU ID#

4. BIRTHDATE

5. SEX

6. MARITAL STATUS

____Female

____Single

____Male

____Married

7. ADDRESS

Home Address

City

State/Country

Zip Code

Mailing Address

City

State/Country

Zip Code

8. TELEPHONE

Home

Cell/Beeper

Campus/Other

9. E-MAIL ADDRESS _____

10. UNIVERSITY CLASSIFICATION.

Fresh. ____

Soph. ____

Jr. ____

Sr. ____

11. PLACE OF BIRTH _____

City, State

12. NO. DEPENDENTS _____

13. DO YOU LIVE ON CAMPUS ____Yes

____No

14. PARENT/GUARDIAN _____

Name

Address, City, State, Zip Code

15. ETHNIC ORIGIN Black ____ Amer/Indian ____ Caucasian ____ Asian ____ Hispanic ____

16. CITIZENSHIP U.S. ____ Non-citizen ____ U.S. Resident Alien # _____

17. Do you have any serious health conditions or other limitations which may prevent you from performing acts of nursing? ____Yes ____No. If yes, attach an explanation. "The University reserves the right to recruit, admit, and retain only those students who demonstrate evidence of being academically, physically, mentally, and emotionally capable of performing safe acts of nursing in a professional manner."

(Questions 1-16 will be used by the school to identify the special needs of students and for demographic data collection. Information provided will remain confidential).

If more candidates are eligible for admission than can be accommodated, students will be selected based on evidence of being the most reasonable prospect for success in the nursing major and in accordance with the philosophy of the University.

18. Have you ever been licensed in any health care profession? ____ Yes ____ No. If yes, please check: ____ LPN ____ RN ____ Other (List) _____
19. Have you ever been convicted of a felony? ____ Yes ____ No
20. Have you ever been admitted to a School of Nursing? ____ Yes ____ No
If yes: Name of School _____ Address _____
Why did you leave? _____
Are you eligible for readmission to that School of Nursing? ____ Yes ____ No. If yes, you must Obtain an official letter of standing from the Dean/Chairperson/Head of Program of the previous School of Nursing and submit the letter as part of the documentation required for admissions review.
21. Are you currently enrolled in a college or post secondary institution other than Southern? ____ Yes ____ No
If yes, Name of School _____ Address _____
22. List all colleges or universities or trade schools attended since high school including Southern University.

	Name of School	City & State or Country	Date of Attendance	Degree/ Cert/Diploma
Last one attended				
Other				
Other				
Other				

23. What semester were you admitted to Southern University Baton Rouge?

24. Have you taken the **ACT**? ____ Yes ____ No **SAT** ____ Yes ____ No **GRE** ____ Yes ____ No
Your ACT composite score is _____ Your SAT composite score is _____
Are your ACT/SAT scores on file in the University Admissions Office? ____ Yes ____ No
(INTERNATIONAL STUDENTS ONLY) Have you taken the TOEFL? ____ Yes ____ No
25. What is your Overall GPA as of the end of the most recent semester attended? _____
26. Do you plan to enroll as a: full-time student _____ **or** part-time student _____
26. Indicate the source of your financial support _____

TO APPLICANT

I certify that the information provided on this application and any attachments is true and accurate. I further certify that I have read these documents and I understand that falsification of these documents may result in denial of my application, denial of permission to progress in clinical nursing courses, dismissal, and/or denial of licensure as a registered nurse.

Applicant's Signature _____ **Date** _____

**"DO NOT WRITE BELOW THIS LINE."
OFFICE USE ONLY**

[]	Accepted	Catalog/Curriculum _____
[]	Conditional Acceptance	Expected Graduation Date _____
[]	Refuse Admission	Actual Graduation Date _____