TO APPLY FOR ACCEPTANCE INTO THE BACHELOR OF SCIENCE IN NURSING PRE-LICENSURE (BSN-PL) DIVISION OF NURSING AT DAVENPORT UNIVERSITY:

☐ Complete Application for Admission to DU
   New students to DU must submit a Davenport University Undergraduate Admissions Application with the non-refundable application fee. Apply to DU at www.davenport.edu. Application to DU is separate and in addition to the nursing application. Current and returning DU students are not required to submit another application.

☐ Official Transcript(s)
   Request that official transcripts from all high school, college(s) or nursing programs you have attended be sent directly to the Davenport University Registrar’s Office at the address listed below.

☐ Nursing Admissions Packet
   All of the following items must be submitted in one packet:
      - Complete Nursing Application form
      - Nursing TEAS V exam score (see DU web site for more information)
      - Professional Recommendations
         Two completed Professional Recommendation forms are required
      - Personal Essay

FOR SCHOLARSHIPS, GRANTS AND LOANS
A Free Application for Federal Student Aid (FAFSA) must be completed to determine your eligibility for all types of scholarships, grants and loans. Apply early at www.fafsa.gov. Davenport University’s School Code is 002249.

Send completed application packet and official transcripts to:

Davenport University Registrar
c/o BSN-PL Application
6191 Kraft Avenue SE
Grand Rapids, MI 49512

*To obtain assistance in completing the application process, please contact an Admissions Representative at your campus.

2012 – 2013
Academic Year

DIVISION OF NURSING
Bachelor of Science in Nursing Pre-Licensure (BSN-PL) Program

ADMISSIONS CHECKLIST & REQUIREMENTS

All application materials must be submitted in one packet to:
Davenport University Registrar
c/o BSN-PL Application
6191 Kraft Avenue SE
Grand Rapids, MI 49512

Send official transcripts to the address listed above.

NOTE: If you have been convicted of a felony or certain misdemeanors, this may preclude you from participating as a student in some clinical sites and you may not be allowed to take the NCLEX examination — the state board licensing examination for nursing.

1-800-686-1600

www.davenport.edu
PRINT ALL INFORMATION IN INK

Date _______ Student ID (if known) _______ Social Security #___________

Name: ____________________________________________________________

Address: __________________________________________________________

Number & Street

City ___________________________ State ______________ Zip/Country

Telephone (Home) ____________ Telephone (Work) ____________ Telephone (Other)

Email Address: ____________________________________________________

Date of Birth: ___/___/____ Gender: ___Male ___Female

Current Davenport University student? ___Yes ___No

Indicate Campus Preference (Grand Rapids, Midland, Warren):
List, in order, each campus for which you want to be considered for admission.

1st choice __________________________________________________________

2nd choice _________________________________________________________

3rd choice _________________________________________________________

ETHNICITY & CITIZENSHIP
Although Davenport University requests this information for federal reporting purposes, providing this information is optional.

Citizenship ___U.S. Citizen ___Resident Alien ___Non-Resident

County of Birth ___________________________________________________

Ethnicity
___Hispanic ___White, Non-Hispanic ___Black/African American
___American Indian/Eskimo Aleutian ___Asian/Pacific Islander ___Multiracial

Is English your first language? ___Yes ___No

MILITARY HISTORY
Are you a current or previous member of the armed forces? ___Yes ___No
Are you currently active military? ___Yes ___No If yes, are you ___Active Duty ___Reserve
Are you eligible for any military tuition assistance? ___Yes ___No

EMPLOYMENT
Currently employed? ___Yes ___No Company Name __________________________________
Location ___________________________ Position/Title ___________________________

Does your employer offer tuition reimbursement? ___Yes ___No

2012 – 2013
Academic Year

DIVISION OF NURSING
APPLICATION FOR ADMISSION
Bachelor of Science in Nursing Pre-Licensure (BSN-PL) Program

Applications must be received:
• no later than October 28, 2011 for early admission
• no later than January 27, 2012 for regular admission

ADMISSION CRITERIA
Seats are limited and entry is competitive in this program. The minimum admission requirements are:

• Minimum cumulative GPA of 3.0 out of 4.0
• Two completed professional recommendation forms
• Personal Essay
• Science courses require a grade of C+ (2.3) or higher average and must have been completed within the last five years
• Nursing TEAS V exam score (version 5)

*Minimum test scores will not be established until application packets are evaluated. Science and math scores will be reviewed.

www.davenport.edu
EDUCATIONAL BACKGROUND
High School Completion
Please enter the information of the institution from which you graduated ___High School ___GED
School Name
City_________________________ State_________________ Country_________________
Year of Graduation______________ GED________________

PREVIOUS COLLEGE(S)
Have you previously attended any school, college or university beyond high school?    
___Yes    ___No
1. College/School ______________________________________________________
    City_________________________ State_________________
    Last Date Attended______________ Degree Earned__________
2. College/School ______________________________________________________
    City_________________________ State_________________
    Last Date Attended______________ Degree Earned__________
3. College/School ______________________________________________________
    City_________________________ State_________________
    Last Date Attended______________ Degree Earned__________

TUITION PAYMENT
How do you plan to pay for college?    
___Financial Aid ___Cash ___Tuition Reimbursement ___Other

Send complete application packet to:
Davenport University Registrar
   c/o BSN-PL Application
   6191 Kraft Avenue SE
   Grand Rapids, MI 49512

Note: ONLY COMPLETE APPLICATIONS WILL BE REVIEWED by the Nursing Admissions Committee. Decisions by the Nursing Admissions Committee are final.

Applicants will be notified by U.S. mail of Admissions Committee decision approximately 8-10 weeks after application due date. It is the responsibility of the applicant to respond to an acceptance offer by the designated date on such letter.

I certify that all answers given on this application are complete and accurate to the best of my knowledge and that I have/will have a high school diploma or GED prior to beginning classes at Davenport University. I agree that any and all disputes that I may have with the University regarding this application, any decision on my admission, enrollment or participation in classes shall be subject to the University’s regulations and policies and shall be subject to final and binding arbitration pursuant to the University’s arbitration policy. I understand that all such regulations and policies are available for inspection at any time in the University’s Undergraduate Catalog and on the University’s website.

Signature of Applicant: ____________________________________________ Date: ________________

Notes:

Students who meet admissions criteria and are admitted to the program will be required to complete a criminal background check (CBC) and drug screening (DS). The CBC and drug screening are required components of HLTH101/101S (Introduction to Health Careers), which is to be completed during the first year of study.

If you have been convicted of a felony or certain misdemeanors, this may preclude you from participating as a student in some clinical sites and you may not be allowed to take the NCLEX examination — the state and licensing examination for nursing.
**Personal Essay (Please Type or Print in Ink)**

**Student Name:**

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**Address:**

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<td>City</td>
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<td>State</td>
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<th>Telephone (Home)</th>
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<th>Telephone (Other)</th>
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**Additional Information:**

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<thead>
<tr>
<th>Date of Birth</th>
<th>Student ID (if current Davenport student)</th>
<th>Social Security No. (optional)</th>
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</thead>
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**Instructions:**

Provide a brief (450 words or less) one-page essay discussing a health care issue of your choice that impacts the current nursing environment. The essay is to be clearly organized, have a well-developed concept which demonstrates critical thinking, and be grammatically correct.

Type your essay (or use word-processing software) using a separate sheet of paper and submit it with your application. Please sign below and submit this form with your application.

*I attest that I have prepared this essay without aid and it represents my own work.*

**Signature of Applicant:**

**Date:**
TO THE APPLICANT: (Please Type or Print in Ink)

Student Name: ________________________________________________________

Last First Middle

Address: ________________________________________________________________

Number & Street

City State Zip/Country

Telephone (Home) Telephone (Work) Telephone (Other)

Email Address

Additional Information:

Date of Birth Student ID (if current Davenport student) Social Security No. (optional)

Indicate the nursing program you are applying to (check only one):

☐ Practical Nurse (PN) Diploma

☐ Bachelor of Science in Nursing (BSN) Pre-licensure

TO THE APPLICANT AND THE RECOMMENDER:

This recommendation will be used only for admission purposes. I hereby waive my right to access this confidential information.

Signature of Applicant: _______________________________ Date: ____________

TO THE RECOMMENDER:

The person named above is an applicant to the Davenport University Nursing Program. The Admissions Committee attaches considerable weight to the statements made by the recommenders the applicant has selected, who should know the student through work, school or community service. You will greatly assist the members of the Committee and the applicant by providing candid responses to the items on this form. If you wish to provide additional information or comments, please attach an additional sheet if necessary. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. We would be pleased to provide you with additional information about our program if it would assist you in any way.

Please return both pages of the completed form to the applicant listed above in a sealed envelope. Sign your name across the seal of the envelope.

Recommender’s Name: _________________________________________________

Last First Middle

Position Title Organization

Address:

______________________________________________________________

Number & Street City

State Zip/Country Telephone (Home) Telephone (Work)
PROFESSIONAL RECOMMENDATION:

1. How long have you known the applicant?

__________________________________________________________________________________________________

2. In what capacity have you known the applicant?

__________________________________________________________________________________________________

3. What are the applicant’s principal talents or strengths?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

4. How well has the candidate planned for entry into the Nursing Program?

__________________________________________________________________________________________________

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5. Suggested areas for improvement:

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__________________________________________________________________________________________________

6. Please rate the applicant using this scale.

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<th>Outstanding</th>
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7. Please comment on the above ratings, including any additional statements concerning the candidate’s qualifications for pursuing the Nursing Program. (Attach an additional sheet if necessary.)

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

8. Please select one:

☐ I strongly recommend that this applicant be admitted to the Davenport University Nursing Program.

☐ I recommend that this applicant be admitted to the Davenport University Nursing Program.

☐ I recommend with some reservation that this applicant be admitted to the Davenport University Nursing Program.

☐ I do not recommend that this applicant be admitted to the Davenport University Nursing Program.

My reservations are:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Recommender’s Signature:_________________________________________________Date:______________________

Please return both pages of the completed form to the applicant listed above in a sealed envelope. Sign your name across the seal of the envelope.
TO THE APPLICANT: (Please Type or Print in Ink)

Student Name: ______________________________________________________

Address: _____________________________________________________________
Number & Street

City __________________________ State __________________________ Zip/Country __________________________

Telephone (Home) __________________________ Telephone (Work) __________________________ Telephone (Other) __________________________

E-Mail Address

Additional Information:

Date of Birth __________________________ Student ID (if current Davenport student) __________________________ Social Security No. (optional) __________________________

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Recommender’s Name: ______________________________________________________

Position __________________________ Title __________________________ Organization __________________________

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