MABEL ENGLE PROGRAM OF NURSING

• Practical Nursing (PN) Program, Associate Degree (AD) Nursing Program, BSN-RN Completion Program are in candidacy status with the National League for Nursing Accrediting Commission, Inc.
• PN & AD programs approved by the Michigan Board of Nursing
• BSN credential authorized by the Higher Learning Commission of the North Central Association of Colleges and Schools (NCA)

CONTENTS:
• Admissions Checklist (1)
• Application (1)
• Essay Form (1)
• Recommendation Forms (2)
• Return Envelope (1)

NOTE: Before mailing, please review your completed admissions material carefully as submission is final.
## DIVISION OF NURSING APPLICATION FOR ADMISSION

### ADMISSIONS REQUIREMENTS

For the practical nurse (PN) and PN-RN associate degree (AD) programs, seats are limited and entry is competitive and based on:

- Official college transcript with 14 or more semester hours including equivalents to ENGL109, MATH120, Anatomy and Physiology with lab.
- 2.5 GPA or higher on a 4.0 scale
- Health Education Systems, Inc. (HESI) Nursing Admission Assessment
- Two letters of professional recommendation
- Essay

For the RN-BSN completion program:

- A copy of current registered nurse license
- Associate’s degree or diploma in nursing with a minimum of 60 semester hours including liberal arts and sciences
- Submission of official transcripts from prior nursing program
- 2.5 GPA or higher on a 4.0 scale in previous nursing program
- One letter of professional recommendation
- Resume

All requirements above must be met before you will be considered for admission.

*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.

### APPLICATION DEADLINES

For the PN and AD Programs:
- Must be postmarked by May 18, 2007 for Fall 2007 Semester

### INDIVIDUALS ACCEPTED FOR ADMISSION WILL BE NOTIFIED IN JUNE 2007.

RN-Bachelor’s Degree Completion applications are considered on a **ROLLING BASIS** when all requirements are submitted.
IMPORTANT!
Be sure to follow each of these steps before signing and sending in the application:

1. Include a non-refundable $25 application fee made payable to Davenport University with this completed application. Send the fee, this application, copy of applicable license, your essay or resume plus recommendation letter(s) to Davenport University Registrar, 415 E. Fulton St., Grand Rapids, MI, 49503.

2. Have your official transcripts and test scores sent directly from the colleges or nursing programs you have attended to the Davenport Registrar at the address above.

3. All application materials submitted are considered final. No revisions will be accepted.

CAMPUS SAFETY
Davenport University strives to maintain a secure and safe learning environment. In compliance with Federal campus safety disclosure requirements, Davenport’s Annual Security Report includes statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings owned or controlled by Davenport, and on public property within or immediately adjacent to and accessible from the campus. This report also includes institutional policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assaults and other matters. You can obtain a printed copy of the University’s security report by contacting Duane Terpstra, Director of Campus Safety (duane.terpstra@davenport.edu).

NON-DISCRIMINATION POLICY
Davenport University maintains a policy of non-discrimination regarding students on the basis of race, color, religion, national origin, sex, weight, height, marital status, physical or mental limitations and/or disability in the administration of its admissions policies, educational policies, scholarships and loan programs and other University administered programs. In addition, the University does not discriminate regarding extra-curricular activities or employment practices. The University has a policy prohibiting unlawful discrimination of sexual harassment. Incidents of discriminatory harassment must be reported to the Executive Director or his/her designee.

NURSING ADMISSION ASSESSMENT (HESI not required for RN-BSN completion program)

HESI Score (if known) ___________ Date Taken ___________ Campus ___________

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/FEE PAYMENT

How do you plan to pay for college?  □ Financial Aid □ Cash □ Tuition Reimbursement □ Other ___________

Application Fee ($25 non-refundable) □ Cash □ Check □ Visa □ MC □ AMEX

Credit Card Number ____________________________ Expiration Date ___________ V-Code ___________

Please list any friend/relative who may be interested in attending Davenport University.

Name __________________________________________
Address _________________________________________

Phone ( ) ____________________________

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 which I may have with the University regarding this application, any decision on my admission or enrollment, or my participation in classes shall be subject to the University’s regulations and policies in effect from time to time, 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 web site.

Applicant’s Signature __________________________________________ Date ___________

Parent/Legal Guardian Signature (if under 18 years old) ___________

Date ___________

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name __________________________________________
Phone ( ) ____________________________ Relationship ___________

FOR OFFICE USE ONLY

Rep. No. ____________________________ □ CK □ CA □ CC Check No. ___________

Application Fee ____________________________ Student ID __________________________

Group ____________________________ On System __________________________ (Initial)

09/08/06