



TO APPLY FOR ACCEPTANCE INTO THE BACHELOR OF SCIENCE IN NURSING (BSN) CONCURRENT ENROLLMENT IN THE 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 davenport.edu/apply. 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)**
Order official transcripts from all high school, college(s)* or nursing programs you have attended to be sent directly to the Davenport University Registrar's Office. You can have them sent by mail to the address below or delivered electronically to electronictranscripts@davenport.edu.
*Do not order official DU transcripts for this packet.

Nursing Admissions Packet

All of the following items must be mailed in one packet:

- Complete Nursing Application
- Personal Essay (refer to instructions on *Personal Essay* form)
- Copy of original Acceptance letter from ADN program
- Two Professional Recommendation Forms

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.ed.gov. Davenport University's School Code is **002249**.

Mail completed application packet to:

Davenport University Registrar
c/o BSN Concurrent Enrollment Nursing Program
6191 Kraft Avenue SE
Grand Rapids, MI 49512

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

2019 – 2020
Academic Year

Division of Nursing
Bachelor of
Science in Nursing

Concurrent
Enrollment Nursing
Program

Admissions
Checklist &
Requirements

All application materials must be mailed in one packet to:

Davenport University Registrar
c/o BSN Concurrent Enrollment Nursing Program
6191 Kraft Avenue SE
Grand Rapids, MI 49512

Mail official transcripts to the address listed above or electronically to: electronictranscripts@davenport.edu.

davenport.edu/nursing

(800) 686-1600 | davenport.edu



DAVENPORT UNIVERSITY

PRINT ALL INFORMATION IN INK

Date _____ DU Student ID _____

Name: _____

Last First Middle

Address: _____

Number & Street

City State Zip/Country

Telephone (Home) Telephone (Work) (Cell Phone)

Email Address: _____

Date of Birth: ___/___/___ Gender: Male Female

Current Davenport University student? Yes No

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

Country 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

PREVIOUS COLLEGE(S):

Have you previously attended any school, college/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 _____

2019 – 2020

Academic Year

Division of Nursing Bachelor of Science in Nursing

Concurrent Enrollment Nursing Program

Application for Admissions

Applications for the BSN Concurrent Enrollment Nursing program are accepted throughout the year.

ADMISSION REQUIREMENTS

- Official college transcripts
- Cumulative GPA of at least 3.0 on a 4.0 scale
- Completed Nursing application
- Two professional recommendation forms
- Personal essay



TUITION PAYMENT

How do you plan to pay for college?

Financial Aid Cash Tuition Reimbursement Other

1. Mail all official transcripts:

Davenport University Registrar
6191 Kraft Avenue SE
Grand Rapids, MI 49512

Or deliver electronically to:

electronictranscripts@davenport.edu

2. Mail completed packet with nursing application, AND Acceptance letter, two recommendation forms and personal essay to:

Davenport University Registrar
c/o BSN Concurrent Enrollment Nursing Program
6191 Kraft Avenue SE
Grand Rapids, MI 49512

Note: ONLY COMPLETE APPLICATIONS WILL BE REVIEWED

Applicants will be notified by U.S. mail of Nursing Admissions Committee decision approximately 8-10 weeks after application due date. All decisions made by the Nursing Admissions Committee are final.

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 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 website. Students academic program information may be shared between Davenport University and the community college of which you are attending for your ADN.

Signature of Applicant:

_____ Date _____

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Personal Essay (Please Type or Print in Ink)

Student Name: _____
Last First Middle

Address:

Number & Street

City State Zip/Country

Telephone (Home) Telephone (Work) Cell Phone

Additional Information: _____
Date of Birth Student ID (if current Davenport student)

Instructions:

Please provide a brief (500 words or less) one-page essay describing your plan to utilize your BSN degree in your profession. You must demonstrate critical thinking and describe any previous experiences or examples to help support your essay.

Please note, the essay should reflect proper grammar, vocabulary, sentence structure, organization and express your goals and expectations.

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:

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Personal Essay

This essay must be included in your application packet. Only complete applications for admission will be reviewed by the Nursing Admissions Committee.



DAVENPORT UNIVERSITY

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) Cell Phone

Email Address

Additional Information: _____
Date of Birth Student ID (if current Davenport student)

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 Nursing 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. 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 (Cell) Telephone (Work)

2019 – 2020
Academic Year

Division of Nursing Bachelor of Science in Nursing

Concurrent Enrollment Nursing Program

Professional Recommendation

Recommendations must be completed by a person known to the applicant from work, school or community service, with one recommendation from a Clinical Nursing Instructor or Nursing faculty person. Family members are excluded from recommending applicants.

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?

5. Suggested areas for improvement:

6. Please rate the applicant using this scale.

	Outstanding	Good	Average	Poor	Unable to Judge
• Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Persistence and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Organizational & Planning skills <i>(ability to allocate & schedule resources/time)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Analytical ability <i>(ability to explore problems in an orderly manner & generate alternatives; ability to synthesize)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

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

Student Name: _____
Last First Middle

Address: _____
Number & Street

City State Zip/Country

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• Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Persistence and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Organizational & Planning skills (ability to allocate & schedule resources/time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Analytical ability (ability to explore problems in an orderly manner & generate alternatives; ability to synthesize)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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