TO APPLY FOR ACCEPTANCE INTO THE BACHELOR OF SCIENCE IN NURSING REGISTERED NURSING (BSN-RN) COMPLETION 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 transcripts from DU for this packet.

☐ Nursing Admissions Packet
All of the following items must be mailed in one packet:

☐ Complete Nursing Application

☐ Copy of current, unrestricted RN license from the state in which you practice (special consideration may be given to Davenport graduates and graduates from partnership schools)

☐ Two Professional Recommendation forms

☐ Personal Essay (refer to instructions on Personal Essay form)

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-RN Completion Application
6191 Kraft Avenue SE
Grand Rapids, MI 49512

All application materials must be mailed in one packet to:

Davenport University Registrar
C/o BSN-RN Completion Application
6191 Kraft Avenue SE
Grand Rapids, MI 49512

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

To obtain assistance in completing the application process, please contact an Admissions Representative at your campus.
Bachelor of Science in Nursing Registered Nursing (BSN-RN) Completion

Applications for the BSN-RN Completion program are accepted throughout the year.

ADMISSION REQUIREMENTS

- Current, unrestricted RN license (special consideration may be given to Davenport graduates and graduates from partnership schools)
- Official college transcripts
- Cumulative GPA of at least 2.5 on a 4.0 scale
- Completed Nursing application
- Two professional recommendation forms
- Personal Essay

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 ______________________
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 delivered electronically to:

electronictranscripts@davenport.edu

2. Mail completed packet with nursing application, copy of current RN license and two professional recommendation forms to:

Davenport University Registrar
c/o BSN-RN Completion App
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.

Signature of Applicant: ___________________________ Date _____________
Personal Essay (Please Type or Print in Ink)

Student Name:

Last
First
Middle
Address
City
State
Zip/Country
Telephone (Home)
Telephone (Work)
(Other)

Additional Information:

Date of Birth
Student ID (if current Davenport student)
Social Security # (optional)

Instructions:

Please provide a brief (500 words or less) one-page essay addressing the question, “What will make me successful in Davenport’s Nursing Program?”. 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:

This essay must be included in your application packet. Only complete applications for admission will be reviewed by the Nursing Admissions Committee.
**Recommendation must be completed by a person known to the applicant from work, school or community service. 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.

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<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unable to Judge</th>
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<td>• Leadership</td>
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<td>• Persistence and drive</td>
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<td>• Organizational &amp; Planning skills (ability to allocate &amp; schedule resources/time)</td>
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<td>• Analytical ability (ability to explore problems in an orderly manner &amp; generate alternatives; ability to synthesize)</td>
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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:**

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

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   ____________________________________________________________

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   ____________________________________________________________

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.
Recommendation must be completed by a person known to the applicant from work, school or community service. 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.

   - Intellectual ability
   - Leadership
   - Initiative
   - Ability to work with others
   - Maturity
   - Poise
   - Oral communication skills
   - Written communication skills
   - Persistence and drive
   - Organizational & Planning skills
     (ability to allocate & schedule resources/time)
   - Analytical ability
     (ability to explore problems in an orderly manner & generate alternatives; ability to synthesize)

   Outstanding | Good | Average | Poor | Unable to Judge
---|---|---|---|---

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.)

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   - 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.
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   - 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.