TO APPLY FOR ACCEPTANCE INTO THE DIPLOMA PRACTICAL NURSING (PN) 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
  - Two Professional Recommendation forms
  - Personal Essay (refer to instructions on Personal Essay form)

- TEAS V Exam
  See TEAS website for testing information and registration. Visit davenport.edu and search for “TEAS”.

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 PN Application
6191 Kraft Avenue SE
Grand Rapids, MI 49512

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.
Application deadline is May 13, 2016.

ADMISSION CRITERIA

For the diploma practical nurse program, entry is competitive and based on:

- Official high school transcripts or GED
- All official college transcripts recommended 3.0 GPA or higher on a 4.0 scale
- TEAS V exam score (version 5)
- Two professional recommendation forms
- Personal Essay

*Minimum test scores will not be established until application packets are evaluated.
PREVIOUS COLLEGE(S):
Have you previously attended any school, college or university beyond high school? ☐Yes ☐No

1. College/School __________________________________________ State ____________
   City __________________________________________ State ____________
   Last Date Attended ____________________ Degree Earned __________________

2. College/School __________________________________________ State ____________
   City __________________________________________ State ____________
   Last Date Attended ____________________ Degree Earned __________________

3. College/School __________________________________________ State ____________
   City __________________________________________ State ____________
   Last Date Attended ____________________ Degree Earned __________________

TUITION PAYMENT
How do you plan to pay for college?
☐ Financial Aid ☐ Cash ☐ Tuition Reimbursement ☐ Other

Mail completed application packet to:

Davenport University Registrar
c/o PN Completion
6191 Kraft Avenue SE
Grand Rapids, MI 49512

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

Applicants will be notified by U.S. mail of the Committee’s 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 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 ___________________________
This essay must be included in your application packet. Only complete applications for admission will be reviewed by the Nursing Admissions Committee.

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**Personal Essay**

(Personal Essay (Please Type or Print in Ink))

Student Name:

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Additional Information:

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<th>Date of Birth</th>
<th>Student ID (if current Davenport student)</th>
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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.

Fill out and sign this form and submit with your typed written essay in your application packet.

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

Signature of Applicant:

____________________________________ Date: ____________________
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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<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:

   ____________________________
   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?

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   My reservations are:

Recommender's Signature: ___________________________ Date: ___________________________