TO APPLY FOR ACCEPTANCE INTO THE BACHELOR OF SCIENCE IN NURSING PRE-LICENSE (BSN-PL) 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
  - Two Professional Recommendation forms
  - Personal Essay (refer to instructions on the 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 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.
Applications must be received:

- No later than October 23, 2015 for early admission
- No later than January 15, 2016 for regular admission

ADMISSION REQUIREMENTS

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

- Minimum cumulative GPA of 3.0 on a 4.0 scale is highly recommended
- Two completed professional recommendation forms
- Personal Essay
- Nursing TEAS V exam score (version 5)

*Minimum TEAS test scores will not be established until application packets are evaluated. Science courses must have been completed within the last 5 years for them to be considered.
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

Mail completed 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 Committee are final.

Applicants will be notified by U.S. mail of the 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/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.

Personal Essay

Student Name:

Last  First  Middle

Address:

Number & Street
City  State  Zip/Country
Telephone (Home)  Telephone (Work)  Telephone (Other)

Additional Information:

Date of Birth  Student ID (if current Davenport student)

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:
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>Intellectual ability</td>
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<td>Leadership</td>
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<td>Initiative</td>
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<td>Ability to work with others</td>
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<td>Maturity</td>
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<td>Poise</td>
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<td>Oral communication skills</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:

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.

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

Student Name: ____________________________________________________________

Last                      First                      Middle

__________________________________________________________
Address

__________________________________________________________
City                      State                      Zip/Country

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

Email Address

Additional Information:

__________________________________________________________
Date of Birth                      Student ID (if current Davenport student)

Indicate the nursing program you are applying to:

☐ 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 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 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

__________________________________________________________
City                      State                      Zip/Country

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

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.