

**Eastern Michigan University**  
**School of Nursing**  
**Application for Admission**  
**Deadline: May 15, 2012**

Indicate the program option for which you are applying:  
Application fee of \$30 must accompany this application.

- BSN Traditional Option  
 BSN Second-Degree Option  
Bachelor's degree required for this option

*If you have a Bachelor's Degree in any discipline, application to both programs is permitted. If applying to both options, two application fees are required. You must indicate your first and second choice by entering a "1" and "2" in the appropriate option box.*

*Unless indicated or only one fee is submitted, the Traditional Program Option will be the default choice.*

EMU EagleOne ID number: E

Name: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Last Maiden/Former First MI

Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip Country

E-mail Address: \_\_\_\_\_@emich.edu

Telephone Numbers:  
Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Other( ) \_\_\_\_\_

Citizenship status:

- U.S. Citizen
- Non-U.S. Citizen: Please include a photocopy of your Alien Registration Card or I-94
- Permanent Resident: Date resident status issued: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Current Visa

**Submit completed applications only.**

**Applications will not be processed without an EMU EagleOne ID number and the \$30 application fee, payable via check or money order, for each chosen Option.**

**All grades and transcripts must be received by EMU no later than May 15<sup>th</sup> at 5:00 pm.**

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1. Have you ever taken nursing courses at another College or University? No\_\_\_\_\_ Yes\_\_\_\_\_
2. Have you ever been dismissed from a nursing program? No\_\_\_\_\_ Yes\_\_\_\_\_
3. If admitted, would you need any special considerations for clinical placement experiences, (e.g.: disability)? No\_\_\_\_\_ Yes\_\_\_\_\_ If yes, please attach written verification.
4. Do you have a Bachelor's Degree (any discipline)? No\_\_\_\_\_ Yes\_\_\_\_\_ If yes, you **must** meet with the Second Degree Advisor in Academic Advising to prepare a Plan of Study. Your Plan of Study must be submitted with this application. **NOTE: Contact Academic Advising in McKenny Hall at 734.487.5497 as soon as possible to ensure ample time to schedule your advising appointment.**
5. **Attach** your ATI TEAS testing report.
6. **Attach** written verification of health care related work experience. Documentation must be on letterhead and include employer contact information, total hours and type of experience.  
Not applicable\_\_\_\_\_
7. Admission to the school of nursing is conditional on a criminal background check.

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**Applicants to the BSN as a Second Degree MUST also complete the following items:**

1. Title of your bachelor's degree: \_\_\_\_\_
2. College/University from which you bachelor's degree was earned: \_\_\_\_\_
3. Attach a copy of your signed program of study received during your advising appointment

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You must be admitted to EASTERN MICHIGAN UNIVERSITY (EMU) before applying to the School of Nursing.

It is your responsibility to submit the following documentation to the EMU Office of Admission, P.O. Box 921, Ypsilanti, MI 48197:

- Official transcripts from all college/universities attended
- Official translated transcripts from foreign universities (WES or ECE provide this service)
- International Students need to submit TOEFL scores for reading, spelling, listening, and writing

***Completion of prerequisites and a program of study does not guarantee admission to the School of Nursing.***

***My legible signature below indicates that all information on this application form is complete and accurate. I have included all required attachments. I understand that failure to provide accurate information is grounds for application denial or dismissal from the School of Nursing.***

<p><b>Return to:</b> Eastern Michigan University School of Nursing 311 Marshall Ypsilanti, Michigan 48197 Phone: 734.487.2310 FAX: 734.487.6946 Web site: www.emich.edu/nursing</p>
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Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



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Check list

**CHECK LIST FOR DOCUMENTS:**

- Completed application and application fee.
- Application and application fee for each chosen program. If you apply to both traditional and second degree, you will need an application and fee for both.
- TEAS testing report
- Written verification of health care related work experience
- Written verification of special considerations for clinical placement.
- Non-U.S. Citizen
  - Alien Registration Card/I94
  - Permanent Resident Card
  - Visa
- Second Bachelor Students(applying for either/or traditional and second degree option):
  - Signed Plan of Study for each application