

EASTERN MICHIGAN UNIVERSITY

School of Nursing

Application for Admission

Indicate the option for which you are applying.

Check one option only!

- BSN Traditional Option**
 BSN Second-Degree Option

Deadline: May 15

You must apply to the Eastern Michigan University (EMU) Admissions Office and obtain your EagleOne ID number **before** applying to the nursing program. Admission to EMU does not guarantee admission to the nursing program. Students who currently hold a bachelor's (or higher) degree must first meet with the **Second Degree Adviser in Academic Advising, 301 Pierce Hall (734.487.5497)**.

Applications will not be processed without an EMU EagleOne ID number

EMU EagleOne ID number: _____

 Name (Please Print): Last (_____) Maiden/Former First M.I.

Address: _____
 Street

 City State Country Zip code

E-mail address: _____

Home phone () _____ Work phone () _____ Other phone () _____

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

Optional Information: Gender: ___ Male ___ Female Military duty or military courses: Yes ___ No ___ Check one: ___ Black/Non-Hispanic ___ Asian American/Pacific Islander ___ White/Non-Hispanic ___ Native American/Alaska Native ___ Hispanic descent ___ Other (specify): _____

Submit completed applications only.

Applicants are responsible for confirming that all courses taken at other universities are equivalent to EMU courses.

Transcripts for ALL pre-requisite courses MUST be received by May 15th at 5:00 PM

Applicants to Both the *Traditional Option* and the *BSN as a Second Degree Option* MUST complete the following items:

1. Submit official transcripts from all college/s and universities attended.
 2. Submit official translations of ALL transcripts from foreign universities (WES or ECE provide this service).
 3. Submit TOEFL scores for reading, spelling, listening, and writing if English is not your first language.
 4. Provide the following written verification from your supervisor/employer if you want your health related work/volunteer experience to be considered:
 - a. Type of experience, where it took place, when it took place
 - b. Total hours of experience over what periods of time (i.e. 2 hours a week for 13 weeks = 26 hours total)
 - c. Employer/supervisor contact information for verification
 5. Provide the following if you want your ability to speak a foreign language experience to be considered:
 - a. Type of experience and which language/s
 - b. Total hours spent with a foreign language/s
 - c. Transcripts if courses taken (if not already included in the transcripts you are sending)
 6. Provide documentation of any CLEP/ACT or SAT waivers.
 7. Answer the following questions:
 - a. Have you ever taken a nursing course at another college or university?
NO _____ Yes _____
 - b. Have you ever been dismissed from another nursing program?
NO _____ YES _____
 8. Indicate if you would need any special considerations if admitted (e.g. disability, beliefs, etc.)
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Applicants to the *BSN as a Second Degree Option* MUST also complete the following items:

1. List the following:
 - a. The title of your bachelor's degree _____
 - b. College/University from which your bachelor's degree was earned and when _____
2. Provide the date you met with the EMU Second Degree Advisor _____
3. Attach a copy of your program of study received during your advising appointment.

Completion of this application and all of the pre-requisite courses 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 understand that failure to provide accurate information may be grounds for application denial or dismissal from the School of Nursing.

Return to:

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

Signature: _____

Date: _____