

Washburn University School of Nursing

Application Eligibility

Students may apply for admission to the School of Nursing for the Fall or Spring semester after they meet the following criteria:

1. Completion of 30 hours of prerequisite coursework as required by the School of Nursing
2. Cumulative grade point average of 2.70 (minimum)

Submit the listed documents:

1. School of Nursing application
2. Official transcripts from all colleges/universities attended
3. Two letters of recommendation (forms provided)
4. Washburn University application on file if not already a student at Washburn.
5. TEAS scores sent to the School of Nursing (see back for further information)

Application Deadlines

<i>Semester</i>	<i>Submit SON application</i>	<i>Transcripts and TEAS Test Scores due</i>	<i>Submit Scholarship Application</i>	<i>Admission Notification by Mail</i>
Spring 2011	March 1 – May 1, 2010	August 15, 2010 (with Spring & Summer 10 grades)	September 1-October 15, 2010	after mid-October, 2010
Fall 2011	September 1-November 1, 2010	January 15, 2011 (with Fall 2010 grades posted)	January 1-February 15, 2011	after mid-February, 2011
Spring 2012	March 1-May 1, 2011	August 15, 2011 (with Spring & Summer 11 grades)	September 1-October 15, 2011	after mid-October, 2011
Fall 2012	September 1-November 1, 2011	January 15, 2012 (with Fall 2011 grades posted)	January 1-February 15, 2012	after mid-February, 2012
Spring 2013	March 1-May 1, 2012	August 15, 2012 (with Spring & Summer grades)	September 1-October 15, 2012	after mid-October, 2012

Applications will not be reviewed until all updated transcripts and TEAS reports are on file in the School of Nursing

If you have any questions, please contact the School of Nursing at 785-670-1533 or e-mail: mary.allen@washburn.edu

Send Electronic Transcripts to: admissions@washburn.edu

**Send Paper Transcripts to: Washburn University
School of Nursing
1700 College Ave.
Topeka, KS 66621-1117**

Test of Essential Academic Skills (TEAS Test)

The TEAS test is designed to test the academic preparedness of students entering a nursing program in the areas of science, mathematics, reading, and English language usage.

TEAS test results are required as part of the School of Nursing application process.

How to Register for the TEAS test

Register at www.atitesting.com

The Washburn University Testing Center will provide proctoring for the TEAS exam. Dates, time and location of the test are available at the online site. You can select a time for testing when you register.

Test results are valid for two years.

Test results will be forwarded to the School of Nursing. Test scores may be sent to other schools for an additional fee.

WASHBURN UNIVERSITY SCHOOL OF NURSING
1700 COLLEGE
TOPEKA, KANSAS 66621
(785) 670-1525
Fax (785) 670-1032

Application For Admission To the Nursing Major: **BSN Program**
 LPN to BSN
 Paramedic to BSN

Date: _____, 20 _____ **Semester for which admission is requested:** _____

Last Name	First Name	Middle	Maiden/ Previously Known	
Permanent Address	Street	City	State	Zip Code
Current Address	Street	City	State	Zip Code
E-Mail Address				
Home Phone		Work Phone		Social Security Number
Cell Phone				

1. List below all colleges, universities, or other schools attended:

Name of College or University	City or State	Attendance Dates	Hours or Degree

Please request official transcripts from all colleges and universities previously attended be sent to Washburn University School of Nursing.

2. Give the following information regarding any School of Nursing attended:

Name of School: _____ City & State:

Dates of Attendance: _____ Diploma or Degree Received:

3. Give the names and addresses of two mature persons, not relatives or friends, who know you and can give information about you. For example, you may include a recent teacher, counselor, employer, or clergyman.

Name	Address	Position or Title

4. Person to be notified in case of emergency:

Name: _____ Relationship: _____
(print)

Telephone No.: _____

Address: _____
Street City State Zip

All qualified applicants for admission will receive consideration without regard to race, color, age, sex, religion, national origin, ancestry, disability, gender, marital or parental status, or sexual orientation. The University is an equal opportunity institution.

5. Please outline plan of completion of required general education courses and School of Nursing prerequisite courses.

Current Semester:

Fall 20____ Spring 20____ Summer 20____ College or University _____

List classes:

Fall 20____ Spring 20____ Summer 20____ College or University _____

List classes:

Fall 20____ Spring 20____ Summer 20____ College or University _____

List classes:

Revised: 7/08

THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC:

State of _____ County of _____

Being duly sworn, I state that the foregoing statements in this application are true and accurate. I am aware that any false, misleading or incomplete statements made on this application could be grounds for non-admission to, or later dismissal from, the nursing program.

Signed _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20

Notary Public (seal)

Please answer written interview questions on back.

**WASHBURN UNIVERSITY
SCHOOL OF NURSING**

Written Interview

*Please answer the following questions and attach it to your application.
Include your name and date at the beginning of the document. You may either type your answers or use a word document.*

1. Who/what influenced your choice of professional nursing as a career?
2. What are your reasons for applying to a baccalaureate program?
3. What is your reason for desiring to enter Washburn's School of Nursing?
4. If you are making a complete change of career, please explain.
5. What personal experience have you had with nursing?
6. What strengths/assets do you have that you feel would contribute to the nursing profession?
7. What participation in extracurricular/work/community activities have you had which demonstrate leadership ability? Briefly discuss importance to you of these experiences.
8. How do you propose to provide for any commitments you may have, as well as meet the demands of the nursing program?
9. a) Do you have a dependence on alcohol or drugs? If yes, please explain.
b) Are you currently participating in a treatment program for drug or alcohol dependence? If yes, please describe.
10. Have you ever been convicted of a crime other than traffic violations? If yes, please explain.
11. Is there anything in your academic record which needs explaining, i.e., incompletes, withdrawals, poor semester, pass/fail scores?
12. Do you have any questions or comments?

Washburn University
School of Nursing
1700 SW College
Topeka, KS 66621
(785) 670-1525

Applicant Reference Statement

To The Applicant:

Please print your name: _____
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act and its amendments guarantee students access to their educational records. Students may, however, waive their right to access to references. The choice of the applicant regarding this reference is to be indicated below.

Please circle your response: I do / I do not waive my right to inspect the contents of the following reference.

Signature: _____

Please request reference statements from two persons who have recent knowledge about your qualifications. On the first page of each reference form, fill in your name and give to the references.

To The Reference:

The above named person is applying for admission to the Bachelor of Science in Nursing Degree program at Washburn University, and has given your name as a reference.

Please give us a candid assessment of this applicant regarding her/his suitability for our program. You may attach a separate letter with this form, if you prefer.

1. How long and in what capacity have you known the applicant?

Date: _____ Nature of relationship (employer, co-worker, supervisor etc.) _____

2. Please indicate the applicant's ability:

	Excellent	Very Good	Average	Below Average	Unable to Rank
Intellectual Capacity					
Self-reliance, motivation					
Ability to deal with stress					
Emotional stability, maturity					
Ability to think critically					
Writing skills					
Verbal skills					
Growth potential					
Skills in relating to others					
Cultural sensitivity					
Organizational ability					
Creativity					

5. I would:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Signature: _____ Date: _____

Name (print or type): _____ Date: _____

Organization: _____ E-mail: _____

Address: _____ Phone: _____

Washburn University
School of Nursing
1700 SW College
Topeka, KS 66621
(785) 670-1525

Applicant Reference Statement

To The Applicant:

Please print your name: _____
(Last) (First) (Middle)

The Family Educational Rights and Privacy Act and its amendments guarantee students access to their educational records. Students may, however, waive their right to access to references. The choice of the applicant regarding this reference is to be indicated below.

Please circle your response: I do / I do not waive my right to inspect the contents of the following reference.

Signature: _____

Please request reference statements from two persons who have recent knowledge about your qualifications. On the first page of each reference form, fill in your name and give to the references.

To The Reference:

The above named person is applying for admission to the Bachelor of Science in Nursing Degree program at Washburn University, and has given your name as a reference.

Please give us a candid assessment of this applicant regarding her/his suitability for our program. You may attach a separate letter with this form, if you prefer.

1. How long and in what capacity have you known the applicant?

Date: _____ Nature of relationship (employer, co-worker, supervisor etc.) _____

2. Please indicate the applicant's ability:

	Excellent	Very Good	Average	Below Average	Unable to Rank
Intellectual Capacity					
Self-reliance, motivation					
Ability to deal with stress					
Emotional stability, maturity					
Ability to think critically					
Writing skills					
Verbal skills					
Growth potential					
Skills in relating to others					
Cultural sensitivity					
Organizational ability					
Creativity					

5. I would:

- Highly Recommend
- Recommend
- Recommend with reservation
- Not recommend

Signature: _____ Date: _____

Name (print or type): _____ Date: _____

Organization: _____ E-mail: _____

Address: _____ Phone: _____