

THE ALABAMA COLLEGE SYSTEM

NURSING PROGRAM APPLICATION

Date: _____

A Photo Must Be Attached to Application

Copy of Current Driver's License or Student ID required.

No personal photos will be accepted.

Application Deadlines: June 1 for the Fall Semester

October 1 for the Spring Semester

Check Admission Semester: Fall ___ or Spring _____

I. PERSONAL DATA

Last Name: _____ First: _____ MI: _____ Maiden: _____

Social Security Number _____ BSCC Student Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____

E-mail address: Personal _____ Work Phone: _____

BSCC _____

Emergency Contact: () _____ Telephone: () _____

II. EDUCATION

High School Graduation Year: _____ High School Name: _____

GED (if applicable): _____ Date Completed: _____

Are you currently taking college courses? Yes _____ No _____ If yes, what college _____

List **ALL** courses currently enrolled in: (List additional courses on a separate sheet of paper if necessary.)

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|--|--|--|
| | | |
| | | |
| | | |

List **ALL** colleges ever attended and the date(s) attended (including Bishop State):

Completed

College (Do Not Abbreviate)

Dates Attended

Major

Yes

No

| College (Do Not Abbreviate) | Dates Attended | Major | Yes | No |
|-----------------------------|----------------|-------|-----|----|
| | | | | |
| | | | | |
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Have you **EVER** been admitted to **ANY** Nursing Program? Yes _____ No _____ Was program completed? Yes ___ No ___

(Include Bishop State Nursing Program) If not completed, state reason.

If yes, a letter from the Dean/Director of the previously attended program must be sent to the BSCC Nursing Director indicating you were not dismissed due to any ethical, legal or moral issues. Must be on official school letterhead, original signed copy only will be accepted.

For Career Mobility (LPN to RN) applicants, only:

Do you hold a current, unencumbered Alabama LPN license? Yes _____ No _____. If Yes, License Number _____
Your name, as listed when tested _____.

I understand that completion and submission of this application is a component of the student profile, and does not in itself grant admission to the nursing program. I also understand an application must be resubmitted if I am not selected. I certify that the information given in this application is true and correct. I also understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission.

Minimum admission standards include:

1. Unconditional admission to the college. **Application must be updated if student did not attend BSCC the previous semester.**
2. **Original** transcripts from **ALL** colleges attended must be in and evaluated by the Admission Office by the nursing application deadline.
3. Receipt of completed application for the nursing program before stated deadline.
4. A minimum of **18 ACT** composite score National or Residual. (Writing component not required). ACT results **MUST** be attached to this application. No Date Limitation.
5. A minimum of **2.5 GPA** for nursing required academic core courses.
6. A minimum of **2.5** cumulative GPA required for high school students without prior college courses (GED will be used if applicable).
7. Eligibility for or completion with a "C" or higher for ENG 101, BIO 201 and MTH100 (or higher).
8. Good standing with college.
9. Meeting the essential functions or technical standards required for nursing.
10. Name on application is current legal name and matches copy of photo ID and name in BSCC's system.
11. Current picture ID (driver's license or student ID only) attached to application.

Admission to the Nursing Program is competitive, and the number of students is limited by the number of faculty and clinical facilities available. Meeting minimal requirements does not guarantee acceptance. All Information must be submitted by the stated deadline or the application will be considered incomplete. It is recommended that applicants check with the Admission Office at 251-405-4400 (Central Campus) to confirm receipt of all transcripts before submitting application.

***If your application is incomplete and/or if false information is provided, your application will NOT be considered.**

ACT: Name When Tested _____ (Attach Copy of Results)

Please bring application or mail to: Department of Nursing – Suite 210
NO faxed copies accepted! Baker-Gaines Central Campus
Bishop State Community College
1365 Dr. Martin Luther King, Jr. Avenue
Mobile, AL 36603-5362

Student's Signature

Date