

**Application to the Accelerated Bachelor of Science in Nursing (ABSN)**

**School of Nursing  
Fayetteville State University**

1200 Murchison Road, Fayetteville, NC 28301, 910-672-1924

**YOU MUST SUBMIT THE ELECTRONIC COPY OF THIS APPLICATION TO THE SCHOOL OF  
NURSING (schoolofnursing@uncfsu.edu)**

**APPLICATION DEADLINE: MARCH 30<sup>TH</sup>-SUMMER ADMISSION**

**A. PERSONAL INFORMATION**

Legal Last Name*	Legal First Name*	Maiden Name
Banner ID#	Date of Birth* (MM/DD/YYYY)	Gender:

**B. CONTACT INFORMATION**

Mailing Address, Line 1*	Daytime Phone Number
Mailing Address, Line 2	Evening Phone Number
Permanent Address, Line 1	Cell Phone Number
Permanent Address, Line 2	FSU Email Address*
Emergency Contact, Name	Emergency Contact Phone Number
Emergency Address, Line 1	
Emergency Address, Line 2	

**C. ACADEMIC BACKGROUND**

List **all** post-secondary (college-level) two- and four-year colleges and universities you have attended, **including Fayetteville State University**. Submit official transcripts of all **OTHER** institutions (not FSU) to the School of Nursing.

Name of Institution	Location	Indicate 2yr/4yr	Begin Date	End Date	Degree Obtained	Degree Awarded Date	Field of Study
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

**D. PRE-REQUISITE COURSEWORK**

Determine if you are eligible to apply to the ABSN program based on the calculation generated by the pre-requisite GPA calculator found on the website. If you are eligible to apply, fill in your pre-requisite information in the table listed below for your Math/Science evaluation.

List the specific required courses you have taken or plan to take and **indicate the semester and year you took them or when you will complete them**. Enter a check mark for any classes you **have not received a final grade for**. Enter the numerical value that corresponds to the final grade you received and the number of credit hours **ONLY for completed courses**, otherwise leave these columns blank. You must have a minimum of 3 of the listed Math/Science pre-requisites **AT THE TIME OF SUBMISSION**.

**MATH/SCIENCE PRE-REQUISITES**

Subject	Course Code	Semester & Year Taken or Will Be Taken	Check <b>ONLY</b> if you do not have a final grade	# of Credits	Final Grade by Numerical Value A=4, B=3, C=2, D=1	Grade Points (multiplied # of credits by final grade numerical value)
Math 123 (course code)/College Algebra			<input type="checkbox"/>			0
CHEM 105/Chemical Principles			<input type="checkbox"/>			0
CHEM 105L/Chemistry Lab			<input type="checkbox"/>			0
CHEM 106/Organic & Biochemistry			<input type="checkbox"/>			0
CHEM 106L/Organic & Biochemistry Lab			<input type="checkbox"/>			0
BIOL 255/Microbiology			<input type="checkbox"/>			0
BIOL 255L /Microbiology Lab			<input type="checkbox"/>			0
BIOL 230/A&P I			<input type="checkbox"/>			0
BIOL 230L/A&P I Lab			<input type="checkbox"/>			0
BIOL 240/ A&P II			<input type="checkbox"/>			0
BIOL 240L/A&P II Lab			<input type="checkbox"/>			0
Divide Total Grade Points by Total Credits. Cumulative Pre-Nursing Math/Science GPA <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div>				Add this column up for Total Credits 0	Add this column up for Total Grade Points 0	

**You are eligible to apply if:**

Your math/science GPA is 3.0 or higher **at the time of application**.

**You are NOT eligible to apply if:**

1. You have completed all math/science pre-requisites and your math/science GPA is less than 3.0 or
2. You have not completed all math/science pre-requisites and your GPA is less than 3.0 or
3. You have failed ANY of the math/science pre-requisites more than once.

## **E. Entrance exam**

The Kaplan Entrance Exam is required for admission. The examination will be proctored by the University Testing Center. Students can only take the Kaplan a total of **two** times, and only **once** per semester. To register for the Kaplan, students must submit their application to the School of Nursing by the application deadline. **For the application to be considered the applicant must score at least 65 on the exam.**

## **F. Interview**

After initial review of all ABSN applications, applicants **being considered for admission** will be notified by email and invited to come to the School of Nursing for an interview with the Admission Committee. Dates of the interview will be announced in the email.

## **G. Communication**

The Accelerated Bachelor of Science in Nursing (ABSN) program is an upper-division course of study requiring students to communicate effectively. Students in this program are expected to demonstrate skill in independent decision-making, professional communication, critical thinking, and problem solving.

Accordingly, the way an applicant/prospective student communicates with the School of Nursing may be considered a potential indicator of the applicant/prospective student's ability to succeed in the ABSN program. The School of Nursing seeks to foster the reciprocal benefits of direct communication, which provides an opportunity for the communicator to identify and articulate his/her thoughts, and for the recipient to consider and respond directly to both another person's words and tone.

For these reasons, as well as adherence to FERPA regulation, the school will not discuss an application with a third party.

## **H. Personal Statement**

All applicants are required to submit a personal statement (not to exceed one double-spaced page) as part of their application. The personal statement should indicate why the applicant wants to become a nurse.

### **I. Letters of Recommendation**

All applicants are required to submit 3 letters of recommendation as part of their application. The letters of recommendation should be submitted with the application.

## J. Application Checklist

Your completed and signed application should be typed & submitted to the School of Nursing email address, schoolofnursing@uncfsu.edu, by the application deadline.

### TO BE COMPLETED BY SCHOOL OF NURSING PERSONNEL ONLY

#### Checklist for School of ABSN applicants

- \_\_\_ 1. Completed, signed, and dated application.
- \_\_\_ 2. **Official transcripts** from all universities & colleges attended (**excluding FSU**)
- \_\_\_ 3. Personal Statement
- \_\_\_ 4. Proof of military affiliation **if applicable**.

## K. Signature

- I certify that I have read and understand the above statements and all materials I have submitted for consideration to the School of Nursing are complete and accurate.
- I understand that my complete application must be received by the School of Nursing on or before the deadline for application.
- I understand that an offer of admission to the ABSN program will be revoked for any of the following reasons:
  - I did not achieve the pre-requisite requirements in the classes I was enrolled in after application submission.
  - I have not met FSU admission requirements.
  - I was not successfully admitted as a transfer student.
  - Refusal to submit to a criminal background check and/or drug screen.
  - Failure to complete a criminal background check and/or drug screen.
  - Failure to be accepted into a clinical facility due to a criminal background check and/or drug screen.

**APPLICANT SIGNATURE & DATE** \_\_\_\_\_