Application for Admission to the Northwestern College Baccalaureate Nursing Degree Program

Department of Nursing * 3003 Snelling Avenue North * St. Paul, MN 55113 * 651-628-3456 * Fax: 651-628-2062 * Email: Nursing@nwc.edu

Legal First Name Middle Last Name

Permanent Address City State ZIP Birth date (MM/DD/YYYY)

Home Phone Cell Phone Email NWC ID# (If Known)

This is to declare my intent to enter Nursing in May of 20_____.

I understand I must meet the following requirements for admission into nursing:

1. Successfully completed all admission requirements for Northwestern College and the Department of Nursing;
2. Successfully completed all designated core curriculum courses as outlined in the Curriculum Plan;
3. Successfully completed all pre-requisite courses:

Course	Semester Completed	Grade	Course	Semester Completed	Grade
BIO 3145/L Microbiology/Lab			**ENG 1105** Composition I		
BIO 3157/L Human Anatomy/Lab			**PSY 2108** Lifespan Psychology		
BIO 3158/L Human Physiology/Lab			**PHI 2016** Ethics		
CHE 1021/L Principles of Chemistry I/Lab					

4. Earned a grade of C (2.0) or higher in the following or their equivalents:
   BIO 1011 Principles of Biology; **BIO 3145/L** Microbiology/Lab; **BIO 3157/L** Human Anatomy/Lab;
   BIO 3158/L Human Physiology/Lab; **CHE 1021/L** Principles of Chemistry I/Lab
5. Meet the minimum cumulative GPA of 2.75.

Additional Requirements

Forms

- ☐ Confidentiality Agreement
- ☐ Health Clearance Form accompanied by immunization documentation
- ☐ Release Agreement
- ☐ Background Disclosure Form
- ☐ Agreement to Program Policies Student Affiliation Agreement

Evidence of the following

- ☐ Certified Background Account setup/participation (facilitated through Department of Nursing)
- ☐ CPR certification must be maintained throughout the Nursing program. The American Heart Association's CPR Health Care Provider or American Red Cross Professional Rescuer. *Online certification is not accepted.* (Expiration: _____)
- ☐ MN DHS Background Check (Date completed: _____)
- ☐ Satisfactory scores on national standardized nursing entrance exams
- ☐ Satisfactory personal interview demonstrating suitability for the nursing profession

Recommendation

- ☐ Recommendation by Department of Nursing's Admission and Progression Committee

By signing this, I am indicating that I have read and understand the above conditions/requirements. (Space may be limited, not all qualified applicants are guaranteed acceptance.)

_____ _____

Applicant's Signature Date

(Rev. 3/25/13)