

APPLICATION FOR THE TRADITIONAL, PRE-LICENSURE BSN PROGRAM



**Nursing program applications are processed
through the Judge-McRae School of Nursing and should be
digitally filled out and emailed to mgile@mhu.edu.**

MHU Student ID _____ MHU Advisor _____ GPA (Overall) _____ GPA (Nat. Sci. overall) _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Ethnicity (for reporting purposes) _____

Permanent Mailing Address _____

City _____ State _____ County _____ Zip _____

Home/Cell Phone _____ Email Address _____

Employer _____ Secondary area of career interest _____

Are you the first member of your family to attend college? Yes No

FOR OFFICE USE ONLY:

Student cleared by Admissions: YES NO

Comments:

Signed by:

Name and date _____ Title _____

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APPLICATION CHECKLIST

Prior to submitting this application, please review the following items to ensure that your application is complete and eligible for consideration.

1. I have at least a GPA of 3.0 overall in post-secondary work and at least a 3.0 overall GPA in natural sciences courses. (If a second degree student or student with AA or AS from NC community college, I have at least a GPA of 2.5 in all post-secondary work and at least a 3.0 overall GPA in natural sciences courses.)
2. I have been accepted to Mars Hill University and have a student ID number.
3. I understand that prior to my first clinical course in the nursing program, I would:
 - Be Certified and Listed in NC as Nursing Assistant I (CNAI)
 - Be subject to a criminal background check for the past 7 years at my own expense
 - Provide MHU with a Current CPR card by an AHA Healthcare Provider
 - Provide a copy of the MHU Medical form and current immunizations
 - Purchase liability insurance for Nursing Students through MHU
 - Provide documentation of health insurance
4. I understand I would have an Interview and Essay in order to move forward with the MHU Judge-McRae School of Nursing application process. If I do not meet the minimum GPA requirement, I may not be invited for an interview and/or essay.
5. I understand that, if accepted into the Judge-McRae School of Nursing, additional costs may arise such as but not limited to: Liability Insurance, Background Checks and Drug Tests, Uniforms, Equipment, etc., and that all admission requirements must be met by the junior fall semester of entry into the program.
6. I understand if I am provisionally invited into the Judge-McRae School of Nursing for the pre-licensure BSN program, I will be required to confirm my acceptance of the invitation and seat in the class. I understand travel will be involved and that some classes/clinical may be scheduled during evening hours or weekends. I understand that if my GPA falls below the required GPA for admission into the program this may be rejected. I understand that I must attend the Mandatory Orientation. In addition, my health form must be submitted by the date specified by the Dean of Nursing. If these conditions are not met by the specified deadlines my provisional invitation and space in the nursing program will be forfeited and may be provided to an alternate on the eligible list.

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If you qualify for any of the additional considerations for entry to the Judge-McRae School of Nursing listed below, please attach a short narrative outlining which item and your experiences within them. You are also welcome to attach written references from any previous work experience supervisors.

- Extracurricular activities (especially in health related areas)
- Athletic activities
- Community service (especially in health related or volunteer areas)
- Experience as a CNA I or other health care professional
- Mars Hill University student during pre-nursing courses
- Resident of western North Carolina
- Minority classification for the profession of nursing

APPLICANT SIGNATURE

To the best of my knowledge, the information on this application is true and accurate. I understand my failure to provide complete and accurate information on this application may be grounds for refusal of admission, cancellation of admission, or dismissal from the University and the nursing program.

Digital signature and date _____

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Mars Hill University is accredited by the Southern Association of Colleges and Schools (SACSCOC) and approved to award the BSN degree. The Baccalaureate Degree in Nursing at Mars Hill University (Judge-McRae School of Nursing) is accredited by the Commission on Collegiate Nursing Education (www.ccneaccreditation.org).