

**Associate Degree Nursing  
Completion Checklist  
Fall 2024**

**\*\*IMPORTANT\*\***  
Form MUST be the semester and year  
for which you are applying.

**YOU MUST FILL IN ALL BLANKS**

Student name (print): \_\_\_\_\_ NSHE #: \_\_\_\_\_  
The semester for which I am applying is: \_\_\_\_\_ Phone: \_\_\_\_\_  
The application deadline is: \_\_\_\_\_ Today's date: \_\_\_\_\_

**1. Check if applicable:**

I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).

**Note:** "LELC" courses may require proof of approved substitution waiver/request – see LE Policy; Grades of "P & TP," and "S or TS" received prior to spring 2020, will be considered a "C" unless you attach an **official** transcript showing a different grade – see LE Policy for additional information on "S & TS" grades; A grade of "TR" will not be accepted unless you attach an **official** transcript showing actual grade.

**PLEASE NOTE: PROOF OF APPROVED SUBSTITUTION WAIVER/REQUEST MUST BE ATTACHED IF APPLICABLE**

**2. Circle either TRUE or FALSE to ALL the following.**

**TRUE FALSE** My science courses (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.

**TRUE FALSE** I understand that GPA for prerequisite courses must be 2.50 or higher.

**TRUE FALSE** I am not currently enrolled in a Limited Entry Program.

**TRUE FALSE** I have met with a Health Programs Advisor. Date of meeting: \_\_\_\_\_

**TRUE FALSE** I have completed the Limited Entry Workshop. Date of workshop: \_\_\_\_\_ and attach quiz result.

**TRUE FALSE** I have paid the \$20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).

**TRUE FALSE** A copy of my high school transcript (showing date of graduation), GED transcript, HiSet transcript, or transcript showing conferred Associate degree (or higher) is attached. Unofficial copy is okay. Note: International (non-US) transcripts must be evaluated through a NACES member organization (<https://www.naces.org/members>).

**TRUE FALSE** I have attached proof of satisfying the **English Proficiency Requirement** by providing a copy of one of the following. (See explanation/options at: <https://www.csn.edu/csnmedia/documents/program-documents/nursing-aas/Nurs-EnglishProficiency.pdf>)

High school or college transcript  GED, HiSet, or TASC (English version) transcript  
 TOEFL scores (84 / 26 in spoken English)  Pearson Test (55 / no score lower than 50)

**TRUE FALSE** My TEAS Scores meet the minimum requirements. Fill in scores and attach a copy of score sheet.

Reading Score \_\_\_\_\_ (min 80%) Math Score \_\_\_\_\_ (min 60% - 80%)

Writing/English Score \_\_\_\_\_ (min 60% - 75%) Science Score \_\_\_\_\_ (min 60% - 80%)

**TRUE FALSE** I have completed the following courses with a "C" or higher. ("C-" is not accepted).

BIOL 189 (year taken \_\_\_\_\_ / grade \_\_\_\_\_)  PSY 101 (grade \_\_\_\_\_)

BIOL 223 (year taken \_\_\_\_\_ / grade \_\_\_\_\_)  ENG 100/101/110/113 (grade \_\_\_\_\_)

BIOL 224 (year taken \_\_\_\_\_ / grade \_\_\_\_\_)

MATH 120, 120E or higher (see advisement sheet) (math course taken \_\_\_\_\_ / grade \_\_\_\_\_)

**IF YOU ANSWERED "FALSE" OR LEFT ANY OF THE ABOVE ITEMS "BLANK", YOU CANNOT SUBMIT YOUR APPLICATION PACKET WITHOUT SELECTION SPECIFIC EXCEPTION WAIVER OR MEMORANDUM**

**3. Read and initial the following.**

I have read, understand, and agree to comply with the Limited Entry Academic Programs Policy and Procedures.

I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.

I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.

I understand that if I repeat a course, the highest of the first three attempts, including W, WT or AU, will be used.

I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline date.

I understand that no additional documentation can be added to my application after the deadline date.

I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn't provide documents.

I understand that I must submit everything at one time with this checklist even if submitted to another department.

I understand that once I accept a position in a Limited Entry program, I cannot apply to another Limited Entry program until I complete or exit the program I originally accepted.

I understand that I may receive a point deduction if I reapply to a program that I was previously enrolled in.

I understand that I must transfer TEAS scores to CSN if the test was not taken through CSN.

**4. Circle either YES or NO for each item below that you are submitting for points.**

**YES NO** Copy of current license, registry, or credential with a valid expiration date and individually assigned number

**YES NO** Health care work experience (approved form at <https://www.csn.edu/nursing-associate-of-applied-science>)

**5. Check all that apply. Fill in ALL blanks.**

I have completed the following general education courses with a grade of "B" or higher in two attempts or less for points.

BIOL 251 (year taken \_\_\_\_\_ / grade \_\_\_\_\_)  PSC 101 or HIST 100 (grade \_\_\_\_\_) **OR**

COM 101 or 215 (grade \_\_\_\_\_)  HIST 101 or PSCUS (grade \_\_\_\_\_) **AND**

SOC 101 (grade \_\_\_\_\_)  HIST 102 or 217 **OR** PSC 100 (grade \_\_\_\_\_)

**RETURN YOUR COMPLETE APPLICATION PACKET TO THE LIMITED ENTRY OFFICE  
WEST CHARLESTON, ROOM K-216, (702) 651-5633**

Student Signature: \_\_\_\_\_