

**Bachelor Degree Cardiorespiratory Sciences
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 #: _____ Phone: _____

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 2.0 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: _____
(Quiz result must be attached).

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

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

_____ **BIOL 189** (year taken _____ / grade _____)

_____ **BIOL 223** (year taken _____ / grade _____)

_____ **BIOL 224** (year taken _____ / grade _____)

_____ **BIOL 251** (year taken _____ / grade _____)

_____ **PHYS 110** (or higher) or **EGG 131/131L** (year taken _____ / grade _____)

_____ **CRS 101** (grade _____)

_____ **CRS 102** (grade _____)

_____ **ENG 100, 101, 110, 113** (grade _____)

_____ **ENG 102, 107, 114** (grade _____)

_____ **HIT 117** (grade _____)

_____ **MATH 124, 124E or higher** (grade _____)

_____ **US&NV Constitutions** (course taken _____) (grade _____)

_____ **Communications** (course taken _____) (grade _____)

_____ **Fine Arts/Humanities/Social Science** (course taken _____) (grade _____)

_____ **Human Relations** (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.

4. Check each item below that you are submitting for points.

_____ I have completed recommended courses with "C" or higher

_____ **PHIL 135** (grade _____) _____ **COM 215** (grade _____) _____ **ENG 107** (grade _____)

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

Student Signature: _____