

**Associate Degree Nursing
Completion Checklist
Spring 2025**

****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 Handbook; 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 Handbook 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, TASC 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%)

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 Admissions Handbook.

_____ 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 Healthcare 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: _____