

**Associate Degree Nursing  
Completion Checklist  
Spring 2023**

**\*\*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:** 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; and "LELC" courses will be accepted only with proof of approved substitution waiver.

**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 classes (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.

**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://at.csn.edu/documents/nursing-english-language-proficiency>)

\_\_\_\_\_ 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%)

Writing/English Score \_\_\_\_\_ (min 60%)

Science Score \_\_\_\_\_ (min 60%)

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

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

\_\_\_\_\_ BIOL 223 (year taken \_\_\_\_\_ / grade \_\_\_\_\_) \_\_\_\_\_ ENG 100/101/102/110/113/114 (grade \_\_\_\_\_)

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

\_\_\_\_\_ MATH 120, 120E or higher (see advisement sheet) (math class 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 or AU, will be used.

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

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

\_\_\_\_\_ 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 the program I originally accepted.

\_\_\_\_\_ I understand that I may receive a point(s) reduction 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 at 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 better 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 COMPLETED APPLICATION PACKET TO THE LIMITED ENTRY OFFICE  
WEST CHARLESTON, ROOM K-216, (702) 651-5633**

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