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
   ______ TOEFL scores (84 / 26 in spoken English)
   ______ IELTS scores (7.5 / 6.5 in speaking)
   ______ GED, HiSet or TASC (English version) transcript
   ______ 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%)

3. Read and initial the following.
   ______ 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 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 GPA for prerequisite courses must be 2.50 or higher.
   ______ I am not currently enrolled in a Limited Entry Program.
   ______ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.
   ______ 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)
   YES   NO
   Associate Degree Nursing Completion Checklist

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 _____)
   ______ MATH 120, 120E or higher (see advisement sheet) (math class taken ________ / grade _____)
   ______ ENG 100/101/102/110/113/114 (grade _____)
   ______ PSC 100 (grade _____)
   ______ BIOL 189 (year taken _____ / grade _____)
   ______ PSY 101 (grade _____)
   ______ BIOL 224 (year taken _____ / grade _____)
   ______ PSC 200 (grade _____) OR
   ______ SOC 101 (grade _____)
   ______ MATH 121 (grade _____)
   ______ HIST 101 or PSCUS (grade _____) AND
   ______ MATH 122 (grade _____)
   ______ ENG 100/101/102/110/113/114 (grade _____)
   ______ MATH 123 (grade _____)
   ______ PSC 100 (grade _____)

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

Student Signature: ________________________________