Associate Degree Nursing  
Completion Checklist  
Spring 2024

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/request.

   **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: __________________________ and attach quiz result.
   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://www.csn.edu/_csnmedia/documents/program-documents/nursing-aas/Nurs-EnglishProficiency.pdf)
   _____ High school or college 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 classes with a "C" or higher. ("C-" is not accepted).
   _____ BIOL 189 (year taken _____ / grade _____)
   _____ BIOL 223 (year taken _____ / grade _____)  _____ ENG 100/101/110/113 (grade _____)
   _____ BIOL 224 (year taken _____ / grade _____)  _____ PSY 101 (grade _____)
   TRUE   FALSE  I have completed the Limited Entry Workshop. Date of workshop: __________________________

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

Student Signature:  ___________________________________________