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 & 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 I understand that GPA on 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: ____________________________________________________________________
   (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 A copy of my High School Diploma (or transcripts), GED transcript, or advanced degree (associate or higher) is attached. Note: International (non-US) transcripts must be evaluated through a NACES member organization (https://www.naces.org/members).
   TRUE   FALSE I have completed the following classes with a “C” or higher. (“C-” is not accepted).
   ___ BIOL 190, 196, 223 (grade ______) ___ MATH 126, 126E or higher (grade ______)
   ___ CHEM 121 (grade ______) ___ ECON 261, PSY 210, (grade ______)
   ___ ENG 100, 101, 110 or 113 (grade ______) ___ SOC 210, or STAT 152 (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. Circle either YES or NO for each item below that you are submitting for points.
   YES   NO Proof of a Higher Education Degree of an Associate Degree or higher from an accredited college or university
   YES   NO Proof of successful completion of the MLT/MLS Phlebotomy track (CLS 151, CLS 152, and CLS 153); the National Healthcare Association track (CLS 155) and CLS 153; or a NAACLS Approved Phlebotomy Program
   YES   NO Proof of National Phlebotomy Credential (ASCP, AMT, or NCCT) or a current Nevada State Laboratory Assistant License
   YES   NO Paid Medical Laboratory/Phlebotomy Experience (must be on approved form)
   YES   NO Proof of Completion of Biomedical CTE program
   YES   NO Completion of Health Living and Aging Courses: HHP 150, 190, 201 and 213 with C or higher

   Check all that apply. **Fill in ALL blanks.**
   I have completed the following general education courses with a grade of “C” or better.
   ___ ENG 102, 114, or COM 101 (grade ______)
   ___ CHEM 122 (grade ______)
   ___ Human Relations (class taken __________ / grade ______)
   ___ Fine Arts/Social Sciences/Humanities (class taken __________ / grade ______) (PHIL 102 preferred)
   ___ PSC 101 or HIST 100 (grade ______) OR ________HIST 101 (grade ______) and HIST 102/217 (grade ______)
   ___ BIOL 191, 197, 224 (grade ______)

5. Check all that apply. **Fill in ALL blanks.**
   I have completed the following unrestricted or preferred program courses with a grade of “C” or better for points.
   ___ BIOL 325 (grade ______) ___ CHEM 220 (grade ______) ___ PHIL 102 (grade ______)

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

Student Signature _____________________________________

**IMPORTANT**
Form MUST be the semester and year for which you are applying.