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).
   - I have completed the following general education courses.
     - MATH 116 or higher (except MATH 122 & 123) (course taken ____________ / grade _____)
     -PSC 101 or HIST 100 (grade _____)
     - Fine Arts/Humanities/Social Science (course taken ____________ / grade _____)
     - PSC 101 or HIST 100 (grade _____) OR HIST 101 (grade _____) and HIST 102 or 217 (grade_____)
   - I have completed the Limited Entry Workshop. Date of workshop: ________________ (Quiz result must be attached).
   - I have completed the Diagnostic Medical Sonography Introductory Presentation (Quiz result must be attached).
   - My TEAS scores meet the minimum requirements. Fill in scores and attach a copy of score sheet.
     - English/Writing Score ________ (min 60%) Science Score ________ (min 60%)
     - Reading Score ________ (min 80%) Math Score ________ (min 60%)
   - I have completed the following courses with a “C” or higher. ("C-") is not accepted.
     - BIOL 223 (year taken _____ / grade _____)
     - BIOL 224 (year taken _____ / grade _____)
     - ENG 100/101/107/110/113 (grade _____)
     - MATH 116 or higher (except MATH 122 & 123) (course taken ____________ / grade _____)
   - I have met with a Health Programs Advisor. Date of meeting: ______________________________________
   - I understand that GPA for prerequisite courses must be 2.50 or higher.
   - My science courses (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.
   - I have paid the $20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).
   - I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.
   - I understand that my final grades, including transfer credits, must be posted in MyCSN 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 transfer TEAS scores to CSN if the test was not taken through CSN.
   - I understand that I am not currently enrolled in a Limited Entry Program.
   - 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 if I reapply 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.
   - I understand that I understand that I must submit everything at one time with this checklist even if submitted to another department.

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: ________________ (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 I have completed the Diagnostic Medical Sonography Introductory Presentation (Quiz result must be attached).
   - TRUE    FALSE My TEAS scores meet the minimum requirements. Fill in scores and attach a copy of score sheet.
     - English/Writing Score ________ (min 60%) Science Score ________ (min 60%)
     - Reading Score ________ (min 80%) Math Score ________ (min 60%)
   - TRUE    FALSE I have completed the following courses with a “C” or higher. ("C-") is not accepted.
     - BIOL 223 (year taken _____ / grade _____)
     - BIOL 224 (year taken _____ / grade _____)
     - ENG 100/101/107/110/113 (grade _____)
     - MATH 116 or higher (except MATH 122 & 123) (course taken ____________ / grade _____)
   - TRUE    FALSE I have met with a Health Programs Advisor. Date of meeting: ____________________
   - TRUE    FALSE I understand that GPA for prerequisite courses must be 2.50 or higher.
   - TRUE    FALSE My science courses (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.
   - TRUE    FALSE I have paid the $20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).
   - TRUE    FALSE I understand that I must transfer TEAS scores to CSN if the test was not taken through CSN.
   - TRUE    FALSE I understand that if I repeat a course, the highest of the first three attempts, including W, WT or AU, will be used.
   - TRUE    FALSE I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline date.
   - TRUE    FALSE I understand that no additional documentation can be added to my application after the deadline date.
   - TRUE    FALSE I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn’t provide documents.
   - TRUE    FALSE I understand that I must submit everything at one time with this checklist even if submitted to another department.

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.
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   - 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.

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 Previous Medical Field Experience (must be on approved form)
   - YES    NO Volunteer Work in the Medical Field (must be approved format)
   - YES    NO Previous graduate of Diagnostic Medical Sonography program at CSN (year graduated _____ or PD memo)

5. Check all that apply. Fill in ALL blanks.
   - Communications (course taken ____________ / grade _____)
   - Human Relations (course taken ____________ / grade _____)
   - Fine Arts/Humanities/Social Science (course taken ____________ / grade _____)
   - PSC 101 or HIST 100 (grade _____) OR HIST 101 (grade _____) and HIST 102 or 217 (grade_____)

Student Signature: ____________________________________________

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