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 MUST BE ATTACHED IF APPLICABLE

2. Circle either TRUE or FALSE for the following:

   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 understand that my cumulative GPA for the following courses must be 2.75 or higher: BIOL 189, BIOL 223, BIOL 224, BIOL 121, CHEM 121, CLS 261, CLS 262, DH 100, DH 102, ENG 101, ENG 102, and COM 101

   TRUE  FALSE  My BIOL 121, CLS 261, CLS 262 and DH 102 courses are less than 3 years old.

   TRUE  FALSE  I have a minimum cut-off score of 60% on the Spatial Perception test.

   TRUE  FALSE  My TEAS scores meet the minimum requirements.  Fill in scores; attach a copy of the TEAS score sheet.

   Reading Score ________ (min 80%)  Math Score ________ (min 60%)

   English Score ________ (min 60%)  Science Score ________ (min 60%)

   TRUE  FALSE  I have completed BIOL 121, CLS 261, CLS 262, DH 100 and DH 102 with a “B” or better (“B -” not accepted).

   TRUE  FALSE  I have completed all other prerequisite courses with a “C” or better (“C -” not accepted).

   “In Progress (IP)” Prerequisite Course: If a student is unable to complete up to 12 credits of program prerequisite courses prior to the February 1st application deadline, they will be required to acquire an EXCEPTION MEMORANDUM from the Program Director to be eligible to apply. Students who have submitted an EXCEPTION MEMORANDUM will only be considered after all complete applications are evaluated.

   IF YOU ANSWERED “FALSE” TO ANY OF THE ABOVE ITEMS YOU CANNOT TURN IN YOUR PACKET

3. Read and initial the following:

   _____ I have read, understand, and agree to comply with the Limited Entry Policy and Procedures.

   _____ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline.

   _____ 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 it may take up to 10 weeks to complete a transcript evaluation, including UNLV and NSC.

   _____ I understand that nothing in my file can be changed after the deadline.

   _____ I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office does not 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 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. Must fill in scores and grades.

   YES  NO  Dexterity Test Part I score __________

   Part II score __________

   YES  NO  Spatial Perception Test score __________ (min 60%)

   YES  NO  Verification of Nevada in-state residency (attach proof obtained from the Office of the Registrar or from your MyCSN Student Account under “Demographic Data”)

   YES  NO  Copy of CSN unofficial transcript with graduation date of Associate of Science in Dental Science

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

Student Signature __________________________________