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  My science classes (BIOL, CHEM, HHP, PHYS, etc.) are less than 7 years old.
   TRUE   FALSE  I understand that a 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  Proof of completion of 20 observation hours on approved form is attached (waived for 2022 selection).
   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%)
   English/Writing Score ________ (min 60%)  Science Score ________ (min 60%)

   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 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 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 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 credential
   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.
   I have completed the following general education courses.
   _____ Communications (class taken ____________ / grade _____)
   _____ Human Relations (class taken ____________ / grade _____)
   _____ Fine Arts/Humanities/Social Science (class taken ____________ / grade _____)
   _____ PSC 101 or HIST 100 (grade _____)  OR _____ HIST 101 (grade _____) and HIST 102 or 217 (grade _____)

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

Student Signature: ____________________________________________