College of Southern Nevada
Investing in Our Future. Students First.

Accelerated ADN Program
OPEN ENTRY Application Form

Nursing Department
6375 West Charleston Blvd
Las Vegas, NV 89146-1164
Phone: (702 651-5986

Please print or type the information below. **NOTE: It is the applicant's responsibility to notify the Nursing Department and the Office of the Registrar of any name, address, or telephone changes.**

Name _____ **NSHE ID** _____
Last First Middle *Student Number*

Address _____
Number Street Name Apt. Number

_____ **Telephone** _____
City State Zip Code

E-Mail Address _____

Indicate the year for which you are currently applying: _____

Are you transferring or have you transferred credits to CSN from another institution (including UNLV and NSC):

Yes* ☐ No ☐ ***If yes, you must attach your CSN Transfer Credit Evaluation or unofficial transcript from another institution with course description(s).**

☐ **Complete Application Form.** Complete the application form accurately, double-checking all fields.

☐ **Academic Transcripts.** Provide unofficial transcripts from previous institutions if CSN does not have them, and official transcripts must be sent directly to the Office of the Registrar (https://www.csn.edu/transfer2csn).

NOTE (1): Unofficial CSN transcript including final grade for BIOL 189, BIOL 223, BIOL 224, ENG 100, 101, 110, or 113 composition, MATH 120 or 120E or higher (except MATH 122 & 123), and PSY 101 with a passing grade of C or higher. Must have a GPA 2.50 or higher for all program pre-requisite courses.

NOTE (2): CSN formal evaluation of transcripts from other colleges, including UNLV and NSC, is highly recommended. This process may take 10 weeks and see instructions at https://www.csn.edu/transfer2csn. The student is responsible for ensuring that the MyCSN Transfer Credit Report reflects accurate course(s) and grade(s). If formal evaluation is not completed, you must attach unofficial copies of all college/university transcripts along with completed Biology, Chemistry (if applicable), and Math courses with course description(s). NOTE: Chemistry **may** be accepted in lieu of BIOL 189 and will require a Substitution Request; see form with instructions at https://www.csn.edu/health-sciences-program-requirements under the "Forms and Information for Health Science Students" tab.

Applicant's Signature _____ **Date** _____