Check List for LaGrange College BSN Program

(“Complete” applications are due by April 15th)

***Make sure you have applied and been accepted to LaGrange College***

1. __________  Application (Completely filled out)

2. __________  Copy of “All” Transcripts (For the Nursing Department)

3. __________  Essay on “Why you wish to enter Nursing?”

4. __________  2 Letters of Recommendation

5. __________  Copy of TEAS Exam Results – Version V
   (**may email to cvanhoose@lagrange.edu)**
LAGRANGE COLLEGE - DEPARTMENT OF NURSING

*APPLICATION FOR ADMISSION TO THE BSN NURSING PROGRAM*

*PLEASE PRINT CLEARLY*

NAME

/ / ______

STREET ADDRESS            BIRTHDATE                                   E-MAIL

___________________________LC CAMPUS BOX #___________HOME PHONE_________________________

P.O. BOX (if applicable)                CELL PHONE_________________________

CITY                               STATE   ZIP                   WORK PHONE_________________________

1. a) Have you had any prior nursing or health care education? _____Yes _____No

_____Practical Nurse   _____Registered Nurse   _____Nursing Assistant

_____EMT   _____Other

b) Are you licensed to practice any health care occupation? _____Yes _____No
If yes, give title of occupation, license number, and state of licensure:

__________________________________________

c) Have you ever had any occupational license revoked, suspended, or limited in any way?

_____Yes _____No   If yes, “attach” a brief explanation.

2. a) Schools attended since high school: (please list in chronological order)

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<th>NAME OF SCHOOL</th>
<th>DATES OF ATTENDANCE</th>
<th>PROGRAM/DEGREE Earned</th>
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3. b) Work experience, as employee or volunteer: (please list in chronological order)

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<th>PLACE OF WORK</th>
<th>TYPE OF WORK</th>
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4. Why have you chosen LaGrange College?

5. Explain why you wish to enter nursing. Please provide this explanation in the form of an essay on separate paper and include it with your application.

6. Request the LaGrange College Registrar or Admissions office to forward directly to the Nursing Department:
   
   a) (Transcripts) Copies of your academic records showing all course-work completed or attempted AND your overall cumulative GPA

7. You may submit this application beginning January 2nd - the deadline is April 15th for Fall.

8. You must provide the Nursing Department with two (2) letters of reference to be included with this application.

***Please understand that your application WILL NOT be processed until all required documents are received.***

Acceptance into the program is based on an Admission Score that ranks applicants based on GPA, TEAS, grades in Science, English, and Psychology with preference for those who have been students at LC since they were a Freshman.

*I hereby certify that the information that I have provided is true and accurate.

_____________________________________________
Signature

Please submit your Nursing Application and information to:

LaGrange College
Nursing Department
601 Broad Street
LaGrange, GA 30240-2999