

# Check List for LaGrange College BSN Program ("Complete" applications are due by April 15<sup>th</sup>)

**\*\*\*Make Sure you have applied and been accepted to LaGrange College\*\*\***

1. \_\_\_\_\_ Application (Completely Filled out)
2. \_\_\_\_\_ Copy of "All" Transcripts  
(MUST send to Nursing Department, will accept hard copies or E-Script  
[cvanhooose@lagrange.edu](mailto:cvanhooose@lagrange.edu) ) \*Will not accept pictures from your phone
3. \_\_\_\_\_ Essay on "Why you wish to enter Nursing?"
4. \_\_\_\_\_ 2 Letters of Recommendation (Character reference)
5. \_\_\_\_\_ Copy of TEAS Version 6 Exam Results  
(may email to [cvanhooose@lagrange.edu](mailto:cvanhooose@lagrange.edu))
6. \_\_\_\_\_ CNA Certified (Before Fall Entry date)



3. b) Work experience, as employee or volunteer: (please list in chronological order)

PLACE OF WORK	TYPE OF WORK	LENGTH OF SERVICE

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 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 (E-Scripts accepted – [cvanhoose@lagrange.edu](mailto:cvanhoose@lagrange.edu))

7. You may submit this application beginning January 2<sup>nd</sup> - 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.

9. Include a copy of TEAS V 6 with application or a date that you are scheduled to take it. (Application will not be complete until TEAS is received)

***\*\*\*Please understand that your application cannot 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.

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Signature

Please submit your Nursing Application and information...

**By mail to:**  
LaGrange College  
Nursing Department  
601 Broad Street  
LaGrange, GA 30240

**In person to:**  
LaGrange College  
Nursing Department  
301 Panther Way  
LaGrange, GA 30240