



NURSING APPLICATION

2015-2016 CATALOG

Thank you for your interest in applying to the School of Nursing at Brenau University. Please complete **all information requested**, sign, and fax or mail the form to Undergraduate Admissions. The fax number is 770.538.4701, and the mailing address is Brenau University Office of Admissions, 500 Washington Street SE, Gainesville, GA 30501.

PERSONAL INFORMATION

Name: _____ Student ID: _____
Address: _____
City/State/Zip: _____ Phone: _____
Email: _____ Cell Phone: _____

NURSING PROGRAM

Please specify the nursing program to which you are applying and the year you plan to begin.

____ Full-time BSN (daytime program) starting May (summer semester)

____ Part-time BSN (evening program) starting January (spring semester)

ADMISSIONS TEST

The HESI Exam is required for the full-time and the part-time BSN program and must be taken at Brenau University in the School of Nursing. Applicants must receive a score of 75% to be considered for the program. Please indicate below your plans for this test:

____ I have registered to take the HESI Exam on _____.

____ I took the HESI Exam on _____ and received a score of _____.

PRIORITY APPLICATION DEADLINES

These deadlines are for guaranteed application review; late applications may be considered as space permits.

Full-time Day Program (May Start)

This program requires attendance in class, clinical, and/or lab Monday through Friday during the day.

University Admission Deadline November 15
HESI Exam Deadline November 15
Nursing Application Deadline November 15
Nursing Offers of Admissions..... late December

Part-time Evening & Weekend (January Start)

This program requires attendance in class Tuesday and Thursday evenings. Clinicals/lab attendance required Saturday and Sunday.

University Admission Deadline August 1
HESI Exam Deadline August 1
Nursing Application Deadline August 1
Nursing Offers of Admissions late September

MANDATORY COURSE COMPLETION

All nursing foundation courses must be completed in order to start the program, unless otherwise indicated. Students lacking six hours or less of liberal education courses may be considered for admission. These courses must be completed within the first year of the program. The Brenau University catalog provides a list of applicable courses for each requirement.

Indicate when and where you will complete any outstanding courses.

Liberal Education Courses	Completed Courses			Courses to be Completed	
	Semester	Grade	Course Number & Title	Semester	Institution
Historical Perspective (3 hrs)	_____	_____	_____	_____	_____
Global Awareness (3 hrs)	_____	_____	_____	_____	_____
Civic Engagement (3 hrs)	_____	_____	_____	_____	_____
Fine Arts (3 hrs)	_____	_____	_____	_____	_____
Literature (3hrs)	_____	_____	_____	_____	_____
Lifetime Fitness (1 hr for FT BSN)	_____	_____	_____	_____	_____
Speaking (3 hrs)	_____	_____	_____	_____	_____
Foreign Language (3 hrs) <i>(Must be at the 102 level or higher)</i>	_____	_____	_____	_____	_____
Communication (3 hrs) <i>(May be satisfied with 101 level foreign language)</i>	_____	_____	_____	_____	_____

Nursing Foundation Courses	Semester	Grade	Course Number & Title	Semester	Institution
	_____	_____	PY 101 Intro to Psychology	_____	_____
	_____	_____	PY 202 Human Growth & Development	_____	_____
	_____	_____	BY 209 Anatomy & Physiology I	_____	_____
	_____	_____	BY 210 Anatomy & Physiology II	_____	_____
	_____	_____	PY 309 Abnormal Psychology*	_____	_____
	_____	_____	MS 101 College Algebra/MS 111 Pre-Cal/ or MS 210 Calculus	_____	_____
	_____	_____	CY 103 Principles of Chemistry	_____	_____
	_____	_____	HS 415 Pathophysiology*	_____	_____
	_____	_____	BY 206 Microbiology	_____	_____
	_____	_____	HS 200 Medical Terminology*	_____	_____
	_____	_____	MS 205 Introduction to Statistics	_____	_____
	_____	_____	EH 101 Written Communication	_____	_____
	_____	_____	EH 102 Reading & Research Writing	_____	_____

*Though it is strongly preferred that these courses are taken prior starting the Nursing curriculum, students may take them within the first year of the program.

STATEMENT OF UNDERSTANDING

I certify that all information in this application is correct and true to the best of my knowledge. I will complete any remaining coursework according to the dates provided above. Without the completion of these courses, I understand that I will not be able to start the Nursing Program. I also acknowledge that I must take the HESI Exam to be considered for the program, and receive a passing score.

If admitted into the Nursing Program, I certify that I will complete the program curriculum and clinical rotations as set forth by the School of Nursing. I understand that there are no exemptions granted to the established schedule.

Signature of Student: _____ Date: _____