



UNC GREENSBORO

School of Nursing

MEMORANDUM

DATE: December 1, 2023

TO: Prospective Nursing Student

FROM: Philip A. Simpson, Director of Office of Student Success

Attached is the application to the prelicensure Bachelor of Science in Nursing (BSN) (upper division) program. Please carefully read through and follow all instructions. Remember that this application, your transcripts, and ATI-TEAS results will be the only impression the Admissions Committee has of you. Be neat, type the application if possible, and answer items completely. We do not accept letters of recommendation or other letters of support.

Each applicant must provide a valid email address so that we can let you know: (1) that your application was received and (2) if your application is complete. Please note that incomplete applications will not be considered by the Committee.

Transcripts of previous college work (**all schools attended except UNCG**) **must be attached to the prelicensure BSN program application** when it is submitted (official or unofficial transcripts are acceptable). We do not need evidence of high school transcripts, but you will need to supply transcripts for any college level coursework you may have completed during high school (this does not include AP or IB placement).

If you applied for admission last year but were not admitted, it is possible that we still have those transcripts on file. Please submit a cover letter identifying the transcripts you wish to have pulled from the previous application and added to this one. If we do not have the transcripts you identify, we will notify you.

Acceptance into the School of Nursing is contingent upon unconditional acceptance into the University. If you are not a current student at UNCG, and you are offered a seat in the prelicensure BSN program, you will need to formally apply to the University at <http://admissions.uncg.edu/>. The first required prelicensure BSN courses must be taken during the summer of 2024.

It is your responsibility to make sure that all materials have been received by the University Office of Undergraduate Admissions if you will be applying for admission to UNCG for summer of 2024. If you previously applied for fall of 2024 and are offered a seat in the prelicensure BSN program, we can have your admission rolled back to summer 2024 once you are admitted.

If you have a change of address after submitting the application, please notify Mr. Philip Simpson in writing of the change.

Important: Although NA I certification can be helpful during clinical courses, it is not a requirement for admission to the Prelicensure BSN program. Completion of NUR 210, NUR 220, and NUR 380 qualifies students to take the NC NA I certification exam.

Information on potential School of Nursing scholarships will be sent to all applicants. Please note that the application period for applying for these scholarships is expected to be around **January 15 - March 1, 2024**. More information will be shared with applicants once we confirm the details. All students are encouraged to apply for scholarships. Priority is given to students with a completed FASFA on file with the UNCG.

(over)

Based on previous years, we anticipate that admission will be highly competitive, with many more qualified applicants than spaces available. This means that there is not enough room to accept all applicants. Please contact Mr. Philip Simpson or Dr. Kristie Davis-Collins if you have questions.

Mr. Philip Simpson	(336) 334-5288 or pasimpso@uncg.edu
Dr. Kristie Davis-Collins	kedaviscoll@uncg.edu

Note: You should anticipate being notified about admission decisions electronically in early March.

RETURN APPLICATION TO:

UNCG - School of Nursing
ATTN: Philip Simpson, Director of Student Affairs
P.O. Box 26170
Greensboro, NC 27402-6170

Applications may also be delivered to Room 294-G of the Nursing and Instructional Building.

DEADLINE FOR SUBMITTING APPLICATION: Thursday, February 1, 2024 (4:30 p.m.)

The School of Nursing of The University of North Carolina at Greensboro is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees based upon race, color, national origin, religion, sex, age, or handicap.

1

**THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
SCHOOL OF NURSING**

**2024 APPLICATION FOR ADMISSION TO THE
PRELICENSURE BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM**

INSTRUCTIONS:

Transcript(s) and supporting materials must be stapled to this application and received in the School of Nursing by **Thursday, February 1, 2024 at 4:30 p.m.** Incomplete applications will not be considered. If there is anything on your academic record that you feel requires clarification, please attach a letter of explanation to this application. **Type or neatly print all information except signatures.** Application to the University is required if you are offered and accept a seat in the Prelicensure BSN Program.

	Mr.				
	Ms.				
1. NAME:	Mrs.				
		Last	First	Middle	Maiden
<hr/>					
2. UNCG Student Identification #:	<hr/>				
	(n/a if you have not been admitted yet)				
3. UNCG FACULTY ADVISOR:	<hr/>				
4. E-MAIL ADDRESS (required):	<hr/>				
5. CURRENT ADDRESS:	<hr/>				
	Address				
<hr/>					
	()				
	Telephone	City	State	Zip	
<hr/>					

If the current address will not be valid through the summer, please give the date(s), the address, and the phone number where you can be reached prior to fall semester.

<hr/>	<hr/>
date(s)	
	<hr/>
	Telephone #: () <hr/>

6. MILITARY STATUS:

Are you a military veteran, or currently in the active military, Reserves, or National Guard? ☐ Yes ☐ No

7. PREVIOUS NURSING EDUCATION:

Have you previously been admitted to a nursing program at UNCG or any other institution(s)?

☐ No ☐ Yes, in _____ Nursing Program(s).

If yes, please attach a letter from each nursing program indicating that you are in good standing. This letter should be sent to Philip Simpson, Director of Student Affairs. (This letter is not necessary for an LPN program that you *completed*.)

8. NA I CERTIFICATION:

Are you currently a Certified Nursing Assistant (CNA)? ☐ No ☐ Yes Expiration date: _____

NA I certification is not a requirement for admission into the nursing program

9. **ATI TEAS TEST RESULTS:**

Your ATI TEAS test results must be sent to the UNCG School of Nursing by **Thursday, February 1, 2024 at 4:30.**

10. **UNIVERSITY ADMISSION STATUS:**

- a. Are you currently enrolled at UNCG? ☐ Yes ☐ No
- b. If yes, when were you admitted to UNCG? Semester _____ Year _____
- c. If no, when did you apply to UNCG and for which semester/year did you apply to be admitted to UNCG?
Date of application to UNCG _____ Semester/Year _____
- d. Your initial admission status to UNCG was/will be (check one):
☐ Freshman
☐ Transfer
☐ Second Undergraduate Degree

11. **POST-SECONDARY EDUCATION:**

Please list all schools attended after high school (including UNCG) in chronological order beginning with the most recent. **Attach transcripts from all schools attended except UNCG.** Student/unofficial copies of transcripts are acceptable. **Refer to definition of a transcript on cover page if you have questions.**

COLLEGE/ UNIVERSITY	ATTENDANCE DATES FROM TO	MAJOR	DEGREE GRANTED	MONTH/ YEAR

12. **HIGH SCHOOL DIPLOMA COMPLETION:**

- a. Do you have a high school diploma? ☐ Yes ☐ No
- b. If yes, please give the name and location of the high school: _____
a. Date of graduation: _____
- c. If no, have you completed the GED? Please give the name and location of the institution: _____
a. Date of completion: _____

13. **WINTER SESSION 2023 – 2024:**

☐ Click here if enrolled in Winter Session (“mini-mester”) courses in 2023 - 2024.

If you are enrolled (or plan to enroll) in any Winter Session courses during the current academic year, please list those courses below. (Winter Session courses are held in December-January between the end of Fall semester and the beginning of Spring semester.)

Winter Session Courses Enrollment 2023 - 2024 (List below)

14. **PREREQUISITES FOR THE PRELICENSURE BSN PROGRAM:**

Students must earn the following minimum grades in the prerequisite courses before admission to the prelicensure BSN program. For each course, please indicate your grade (if completed), the institution name (i.e., UNCG, GTCC, etc.), and semester/year you took each course. Please also indicate whether you have repeated this course to improve your grade. If you have not yet completed a course, leave the “Your Grade” space blank, and indicate the semester in which you plan to complete the course.

Course	Minimum Grade	Your Grade	Institution	Sem/Year	Have you repeated this course?**
BIO 271 Anatomy	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
BIO 277 Physiology	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
BIO 280 Microbiology	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
STA 108 Statistics	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
HDF 111 or PSY 250 Hum. Dev./Dev. Psych	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
PSY 121 General Psychology	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
CHE 104 Chemistry II	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
CHE 110 Lab	n/a				<input type="checkbox"/> No <input type="checkbox"/> Yes
NTR 213 Nutrition	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
*SOC 101 or 202 or ATY 100 or RCO 215	C				<input type="checkbox"/> No <input type="checkbox"/> Yes
*PHI 121 or 220 Ethics or RCO 203	C				<input type="checkbox"/> No <input type="checkbox"/> Yes

*Prerequisite courses are required for all students, with the only exception being the two course options highlighted above. Students who already hold a bachelor’s degree are **not** required to take these courses.

** A student can repeat **no more than two** of the prerequisite courses. A prerequisite course may be repeated only once.

NUR 210 and NUR 220

If you have previously taken NUR 210, please indicate when and what grade was earned: _____

If you have previously taken NUR 220, please indicate when and what grade was earned: _____

GPA Requirement: Students must have **at least a 3.0 overall grade point average** to be eligible for admission. Please give your GPA from each institution you have attended below, along with the number of hours earned at that institution.

Institution	Overall GPA	Hours Earned	Most recent Sem/Year attended
UNCG			

15. **PRIORITY ADMISSION:**

Priority admission, subject to space availability, will be granted to students who meet all the following criteria:

- ___a. Enter UNCG as new, first-time freshmen on a **4-year plan** of study (having taken college courses while in high school does not prohibit Priority Admission status)
- ___b. Earn and maintain a cumulative GPA of 3.50 by the end of the third semester at UNCG.
- ___c. Complete all but one of the required science courses:

- ☐ CHE 104 General Descriptive Chemistry II
- ☐ BIO 271 Human Anatomy
- ☐ BIO 277 Human Physiology
- ☐ BIO 280 Fundamentals of Microbiology

and at least one of the following pre-requisite courses:

- ☐ NTR 213 Introductory Nutrition
- ☐ STA 108 Elementary Introduction to Probability and Statistics
- ☐ PHI 121 Contemporary Moral Problems or PHI 220 Medical Ethics or RCO 203 Ethics in the Professions

by the end of the third semester, with a 3.0 (B) or better in each course completed.
Courses must be completed at UNCG. These courses may not be repeated.

- ___d. ATI TEAS score of 78% or above on the first or second attempt
- ___e. Complete three (3) semesters at UNCG (minimum of 45 semester hours)
- ___f. Meet all other admission requirements for the upper division nursing major

Do you meet all of the criteria for Priority Admission? (circle) YES NO

If you mark "yes" we will verify that you meet the criteria.

Note: Students who do not meet the criteria for Priority Admissions above, but who meet the "Minimum Criteria for Admission" may still apply for admission. The process for admission will consider the following:

- a. Cumulative GPA for all college-level courses completed
- b. Grades in required courses
- c. ATI TEAS test results
- d. Performance in courses over time
- e. Probability of completing all required courses in the next four semesters
- f. Availability of space

***Please read and sign the next page of the application.**

I am applying to the Class of 2026 prelicensure BSN nursing program which begins during the summer of 2024.

I have supplied a full and accurate record of my college transcripts (other than UNCG) in this application, as required for consideration for the prelicensure BSN program. I agree to provide the School of Nursing and the University with updated transcripts for any courses not completed at the time this application is submitted. Updated transcripts should be submitted as soon as courses have been completed and no later than the beginning of the fall semester.

I understand the criteria for admission to the major as published in the UNCG *University Catalog*, and that all requirements as listed in the *Catalog* must be completed before beginning required nursing courses. In addition, I understand that registering for clinical courses is contingent upon the School of Nursing's receipt of a satisfactory evaluation of my physical and emotional health to practice nursing, documentation of required immunizations, BLS CPR certification by the American Heart Association, and acceptable results of urine drug screening and criminal background check. (Students who are accepted to begin the prelicensure BSN program will receive a form for their healthcare provider to use in recording satisfactory evaluation of physical and emotional health. They will also receive instructions for completing other clinical requirements.)

I understand there will be costs to bear as a nursing student, to include immunizations (i.e., annual TB test, flu shots, and other required immunizations,) an evaluation by a physician, CPR certification, a urine drug screen, a criminal background check, liability insurance, uniforms, shoes, basic medical equipment, and other resources. These costs are estimated to be \$400 - \$500 for the first year.

If admitted, I understand that the required information related to medical status, immunizations, CPR certification, and criminal background check must be submitted to the School of Nursing by **June 1, 2024, or I may lose my seat in the nursing program.** The required forms and information about these requirements and due dates will be made available to admitted students in March 2024.

I understand that if admitted to the Prelicensure BSN program, my clinical schedule may vary from week to week and may take place on the weekends or evenings. I agree to attend clinical at the assigned times and that I will make any needed arrangements for childcare, employment, or other personal responsibilities. I also understand that my clinical schedule cannot be changed to accommodate work or other course scheduling conflicts and that I am responsible for providing my own transportation to clinical as scheduled.

If admitted, I understand that I will need to disclose fully any physical or emotional concerns that would prevent me from safely completing the clinical objectives.

I understand there are potential risks to my own health in practicing nursing, I must meet the University health insurance requirement and I am responsible for my own health care.

I certify that the foregoing information is true and correct. Incorrect information in this application could forfeit my admission into the nursing program.

SIGNATURE: _____ DATE: _____

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