

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

**APPLICATION FOR ADMISSION TO
VETERANS ACCESS PROGRAM (VAP)
UNDERGRADUATE UPPER DIVISION NURSING MAJOR**

INSTRUCTIONS:

Transcript(s) and supporting materials must be stapled to this application and received in the School of Nursing as soon as possible. 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.**

1. NAME

Last	First	Middle	Maiden
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2. UNCG Student Identification # (if a current student):

3. UNCG FACULTY ADVISOR (if you are a current student)

4. E-MAIL ADDRESS (*required*)

5. CURRENT ADDRESS

Address

()

Telephone

City

State

Zip

6. Military status: ___ Active Duty ___ Honorably Discharged Veteran ___ National Guard/Reserves

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).

8. Have you taken the TEAS exam? If yes, what was the score(s)/date(s): _____

9. 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?

**** if you are active duty you do NOT apply to UNCG until you accepted into the commissioning program and we have a seat for you!**

Date of application to UNCG _____ Semester/Year _____

d. Your initial admission status to UNCG was/will be (check one):

- Freshman
- Transfer
- Second Undergraduate Degree

10. POST-SECONDARY EDUCATION

Please list all post-secondary schools attended (including UNCG) in chronological order beginning with the most current. **Attach transcripts from all schools attended.** Student/unofficial copies of transcripts are acceptable.

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

11. HIGH SCHOOL DIPLOMA COMPLETION

Do you have a high school diploma? Yes No

If yes, please give name and location of high school: _____

Date of graduation: _____

12. PREREQUISITES FOR THE UPPER DIVISION IN NURSING: Students must earn a minimum grade in the following prerequisite courses before admission to the Upper Division Nursing major. For each course, please indicate your grade (if completed), the institution name (i.e., UNCG or GTCC), 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. We will independently verify all grades you report. **Potential students with lower GPAs or repeated pre-req courses will be required to take the TEAS exam. Please note that the course numbers below correspond to UNCG's catalog and your course codes/names may be different if you are a transfer student.**

Course	Minimum Grade	Your Grade	Institution	Sem/Year	Have you repeated this course? **
*BIO 271 Anatomy	C				No Yes
*BIO 277 Physiology	C				No Yes
If you took A&P 1 and A&P 2 v. separate courses please put the grades here as Grade/Grade	C/C				
*BIO 280 Microbiology	C				No Yes
*STA 108 Statistics	C				No Yes
HDF 211 Lifespan Development OR Developmental Psychology	C				No Yes
PSY 121 General Psychology	C				No Yes
CHE 104 Chemistry II	C				No Yes
CHE 110 Lab	N/A				No Yes
Sociology or Anthropology	C				No Yes
NTR 213 Nutrition	C				No Yes
PHI 121 or 220 (an ethics course)	C				No Yes

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

If you are a Licensed Practical Nurse (LPN) please check this box and attach a copy of your LPN license.

13.

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. We will independently verify this information.

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

Please read and sign the next page of the application.

I am applying for the upper-division VAP Program for year: _____.

I have supplied a full and accurate record of my college and nursing transcripts (other than UNCG) to this application, as required for consideration for the upper division major. 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 fall semester. You may reference this

policy at <http://studentconduct.uncg.edu/policy/code/>). I understand I do not apply to the University until I have an unconditional acceptance to the School of Nursing.

I understand the criteria for admission to the major as published in the UNCG *Undergraduate Bulletin*, and that all requirements as listed in the *Bulletin* 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, and acceptable results of urine drug screening and criminal background check. (Students who are accepted to begin the upper division major 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 that other students are not responsible for, to include: immunizations (i.e. – annual TB Skin Test, flu shots, and other required immunizations,) an evaluation by a physician, annual CPR certification, a urine drug screen, a criminal background check, liability insurance, a uniform, shoes and basic medical equipment. These costs are estimated to be \$400 - \$500 for the first year.

If admitted, I understand that the requirements for medical information, additional immunizations, criminal background check, and liability insurance coverage required for clinical nursing courses must be submitted to the School of Nursing by **June 1**. The required forms and information about these requirements and due dates will be made available to admitted students soon after being admitted to the VAP Program.

I understand that if admitted to the Upper Division, my clinical schedule may vary from week to week. I agree to attend clinical at the assigned times and that I will make any needed arrangements for childcare or other personal responsibilities. I also understand that my clinical schedule cannot be changed to accommodate work or other course scheduling conflicts.

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

I understand that there are potential risks to my own health in practicing nursing, and that the School of Nursing recommends that I have health insurance.

I certify that the foregoing information is true and correct.

SIGNATURE: _____ DATE: _____

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 on race, color, national origin, gender, age, or handicap.

Electronic submissions are best: Scan/email this application, unofficial transcripts, and a copy of your JST to: Dr. Susan Letvak: Director of the Veterans Access Program: NURSVAP@uncg.edu or saletvak@uncg.edu.

Mailed applications should be sent to:

**ATTN: Susan Letvak PhD, RN, FAAN
Director of the Veterans Access Program
School of Nursing
1007 Walker Avenue - #270
The University of North Carolina at Greensboro
Greensboro, NC 27402-6170**