



### III. HIGH SCHOOL EDUCATION

Verification of completion of High School or equivalent. Submit one of the following with your application:

- Official high school transcript.  Official GED.  Official letter/statement of successful completion of home schooling.

### IV. TRANSFER CREDITS FOR BACHELOR OF SCIENCE IN NURSING DEGREE

All Applicants: All transfer credits must be completed with an overall G.P.A. of 3.0 and a minimum of a "C". All official transcripts must be submitted with application.

Traditional BSN and LPN to BSN Applicants: Completion of a minimum of 30 credits to include 12 credits of sciences\*.

RN to BSN Applicants: Completion of a minimum of 25 credits to include 12 credits of sciences\*.

COLLEGE COURSES	Semester Credits Required	Completed (check)	Not Completed - (indicate month & year you plan to complete)
Human Anatomy & Physiology I w/lab*	4	<input type="checkbox"/>	
Human Anatomy & Physiology II w/lab*	4	<input type="checkbox"/>	
Introductory Microbiology*	4	<input type="checkbox"/>	
College Chemistry I*	4	<input type="checkbox"/>	
College Composition I	3	<input type="checkbox"/>	
College Composition II	3	<input type="checkbox"/>	
Fine Art Elective	3	<input type="checkbox"/>	
History Elective	3	<input type="checkbox"/>	
Statistics	3	<input type="checkbox"/>	
Ethics Elective (Social, Health, Bio, or Medical)	3	<input type="checkbox"/>	
Introduction to Psychology	3	<input type="checkbox"/>	
Developmental Psychology	3	<input type="checkbox"/>	
Introduction to Sociology	3	<input type="checkbox"/>	
Principles of Public Speaking	3	<input type="checkbox"/>	

### V. READ CAREFULLY BEFORE SIGNING

Send or deliver your completed application form, along with all required documentation with this section and a \$50.00 administrative processing fee to: Student Services, Sentara College of Health Sciences, Crossways I, Suite 105, 1441 Crossways Blvd., Chesapeake, VA 23320. Checks should be made payable to Sentara.

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional course work as listed on this application and attachments. I also understand that the administrative processing fee is non-refundable. **If my application is incomplete I will have 10 business days to correct or my application will be withdrawn with no refund. If I do not include my \$50.00 administrative fee, my application will be returned.**

I understand that submitting the application does not guarantee admission to the College and there are additional admission requirements that must be completed before an admission decision can be rendered. I understand it is my responsibility to ensure the College receives all required documentation and follows the admission requirements to the College and the Nursing Program. Admission to the College does not guarantee admission to the Nursing Program. All qualified applicants will be notified of their admission status.

By signing below, I authorize Sentara College of Health Sciences to verify my criminal history through Castle Branch, Inc. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have concerns about your criminal history, please contact Student Services before submitting your application. Administrative fees are non-refundable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_