

Sentara College of Health Sciences

APPLICATION FOR COLLEGE ADMISSION – 2011-2012

Bachelor of Science in Nursing Program

THE SENTARA COLLEGE OF HEALTH SCIENCES SEEKS TO ADMIT QUALIFIED APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR DISABILITY PROVIDED THE APPLICANT IS QUALIFIED TO PERFORM THE TASKS NECESSARY TO MEET THE REQUIREMENTS OF THE PROGRAM WITH OR WITHOUT REASONABLE ACCOMMODATION.

APPLICATION PROCEDURE: Please refer to the Bachelor of Science in Nursing Program Admission section in the College catalog or at www.sentara.edu for specific information regarding admission requirements at www.sentara.edu.

Application deadline: 9-1-2010

I. PROGRAM TO WHICH YOU ARE APPLYING														
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II. APPLICANT INFORMATION																		
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<p>Criminal History: If you answer yes to any of the following, please contact Student Services before submitting the application.</p> <p>Have you ever been convicted of a crime other than a traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list state, and or county offense/offenses, and dates: _____</p> <p>Do you have criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																		
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<p>How did you <i>first</i> learn of Sentara College of Health Sciences? _____</p> <p>Have you previously attended or applied to Sentara College of Health Sciences or Sentara School of Health Professions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which Program/Course? _____</p> <p>Years attended _____ or Year applied _____</p>																		

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

In order to apply, all applicants must complete the below transfer credits with a minimum grade of "C" or above. A cumulative G.P.A. of all college transcripts must be a 3.0 on a 4.0 scale. All official transcripts must be submitted with application. To be eligible to submit an application, minimum credit completion is as follows:

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 follow the admission requirements to the College and the Nursing Program. Admission to the College does not guarantee admission to the Nursing Program. All applicants will be notified of their admission decision by mail.

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: _____