

HOWARD UNIVERSITY

**COLLEGE OF NURSING & ALLIED HEALTH SCIENCES
DIVISION OF NURSING**

**UNDERGRADUATE NURSING PROGRAM
UPPER DIVISION APPLICATION**

<http://healthsciences.howard.edu/education/schools-and-academics/nursing-allied-health/division-of-nursing>

College of Nursing and Allied Health Sciences
Division of Nursing
Undergraduate Nursing Program

UPPER DIVISION APPLICATION ADMISSION REQUIREMENTS & INSTRUCTIONS

Continuing and Transfer Students

Upper Division Admission Requirements:

- Complete this application for admission
Upper Division starts Fall semester
- Complete all (lower division) prerequisite courses
- Achieve a minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale
- Achieve a minimum science grade point average (GPA) of 3.0 on a 4.0 scale. Includes prerequisite:
Mathematics (College Algebra or Higher)
General Chemistry I with Lab
General Biology I with Lab
Microbiology with Lab
Anatomy & Physiology I & II
- Submit official transcripts from all academic institutions previously attended (transfer students)
All science courses transferred must have been completed within 5 years of application
- Successful completion of an admissions examination
Test of Essential Academic Skills - TEAS®- most current version of the examination - **Only two attempts allowed. A score of “Proficiency” or higher must be achieved.**
- Submit a personal statement
- Interview with the Undergraduate Nursing Program Admissions Committee (by invitation only)
- Hold a current LPN license (LPN to BSN Track applicants only)

Students who have failed a nursing course in another nursing program will not be considered for admission.

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DEADLINES: March 15, 2021 – Continuing Students **March 25, 2021** – Transfer Students

Please type information

Continuing Howard University Student ID # _____ Date of Birth (M/D/Yr) ____/____/____

Legal Name:

Last Name _____ First _____ M.I. _____

Local Mailing Address:

Number and Street _____ City _____ State _____ Postal/Zip Code _____

Contact Information:

Current Howard University students must use HU student email address

Email Address _____

Telephone _____

Citizenship:

- United States of America
 - Born U.S. Citizen
 - Naturalized U.S. Citizen
- Permanent Resident? (Y/N) _____
- Non-resident

Visa _____

International Students Follow Guidelines of the Howard University Office of International Student Services

Country of Citizenship

Country of Birth

Ethnicity (optional):

- Black/Non-Hispanic
- Hispanic/Latino
- White/Non-Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native (_____)
- Other (please specify) _____

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List all universities, colleges and training programs attended starting with the most recent. Include all degree and non-degree granting institutions.

INSTITUTION	CITY	STATE	COUNTRY	DEGREE	MAJOR	DATES ATTENDED

Please list active nursing licensure (LPN applicants only)

State(s) _____ License Number _____

Background Information: (Explain any YES response on the Background Explanation Sheet)

1. Have you ever received any work related disciplinary action? No _____ Yes _____
2. Has disciplinary action (i.e. suspended/dismissed) been taken against you at any educational institution? No _____ Yes _____
3. Has academic action been taken against you at any educational institution attended? No _____ Yes _____
4. Are there any pending disciplinary charges against you? No _____ Yes _____
5. Have you ever been convicted of any crime (other than traffic violations) or been sentenced to a correctional or penal institution? No _____ Yes _____
6. Are there any pending legal charges against you? No _____ Yes _____

Certification

As indicated by my signature, I understand that withholding information required on this application or giving false information may make me ineligible for admission to the University or subject to dismissal when the same is made known regardless of classification. With this understanding, I certify that all of the above statements and information included are correct and complete; and, if admitted to Howard University, I agree to abide by its policies, rules and regulations.

Signature: _____

Date: _____

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PERSONAL GOAL STATEMENT

Please write a comprehensive personal goal statement. Consider academic and professional goals related to why you are enrolling in the Upper Division Nursing Program. Statement must be double-spaced, Times New Roman 12-point font size, 500 words. This statement will be evaluated on the basis of composition and clarity of thought. Please print and sign name.

Name (Print & sign): _____

Date: _____

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BACKGROUND INFORMATION EXPLANATION SHEET

Name (Print & sign): _____

Date: _____