HOWARD UNIVERSITY

COLLEGE OF NURSING
&
ALLIED HEALTH SCIENCES

DIVISION OF NURSING

UNDERGRADUATE NURSING PROGRAM

UPPER DIVISION

APPLICATION

College of Nursing and Allied Health Sciences
Undergraduate Nursing Program Office
Annex I, Suite 111
516 Bryant Street, NW
Washington, DC 20059

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 with Lab
  - General Biology 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
- 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.

Application and all supporting documents must be submitted in one packet to the Division of Nursing Undergraduate Nursing Program at the address below.

College of Nursing and Allied Health Sciences
Division of Nursing
Undergraduate Nursing Program Office
Annex I, Suite 111
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Washington, DC 20059

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

UPPER DIVISION APPLICATION

DEADLINE: March 25, 2018

Please type or print application

Continuing Howard University Student ID # __________________ Date of Birth (M/D/Yr) ___/___/____
Mr. ____ Ms. _____ Mrs. _____ Gender: Male ____ Female ____

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:
  o United States of America
    o Born U.S. Citizen
    o Naturalized U.S. Citizen
  o Permanent Resident? (Y/N) _____
  o Non-resident
Visa __________________
International Students Follow Guidelines of the Howard University Office of International Student Services

Country of Citizenship ___________________________ Country of Birth ___________________________

Ethnicity (optional):
  o Black/Non-Hispanic
  o Hispanic/Latino
  o White/Non-Hispanic
  o Asian/Pacific Islander
  o American Indian/Alaskan Native (Tribe ___________________________) 
  o Other (please specify) ___________________________
List all universities, colleges and training programs attended starting with the most recent. Include all degree and non-degree granting institutions.

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<th>INSTITUTION</th>
<th>CITY</th>
<th>STATE</th>
<th>COUNTRY</th>
<th>DEGREE</th>
<th>MAJOR</th>
<th>DATES ATTENDED</th>
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Please list active nursing licensure (LPN 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: __________________________
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.