

**BACHELOR OF SCIENCE IN NURSING**  
**SPRING 2025 BSN APPLICATION**  
**FOR FALL 2025 PLACEMENT**

**PLEASE PRINT IN BLACK OR BLUE INK**

- Please print this application one sided.
- Please carefully read the application and review it for completeness before signing.
- **AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE PROCESSED.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address\*\* : \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

\*\*Notification of acceptance/non-acceptance will be mailed to this address

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Tech Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

- **Applications Accepted:** April 1, 2025
- **Application Deadline:** April 30, 2025 (3:00 p.m.)

**Complete applications must include the following by the April 30th deadline:**

- Unofficial Transcript
- Official printout of the TEAS examination with a proficiency score of 68% or higher.  
(The TEAS must be taken and can only be taken once in the semester you are applying)
- Completed and signed (by student) Grade Worksheet (attached). Faculty will sign after submission and review.
- Completed and signed (by student) Immunization, CPR and TB Verification Form (attached). Faculty will sign after submission and review.
- Copies of the following (from the Immunization, CPR and TB Verification Form):
  - Current CPR certification (infant through adult). The **ONLY** Accepted CPR courses are:  
**American Heart Association: BLS or Health Care Provider**  
**OR American Red Cross: BLS or Professional Rescuer**
  - Current Influenza Vaccination. (Must be completed annually)
  - Current evidence of freedom from active Tuberculosis. (TB skin test or chest x-ray. Must be completed annually).
  - Tdap vaccine within the last 10 years. (Must be current throughout program)
  - Two MMR vaccines or MMR positive titer.
  - Completion of Hepatitis B vaccine series or positive titer.
  - Varicella vaccination series or positive titer.
- Completed, signed, and initialed application form.
- Completed Order Form for scrub tops.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**PREREQUISITE REQUIREMENTS**

- General Education courses must have been completed within 10 years, unless a previous Bachelor's degree has been awarded.
- Science courses must have been completed within 5 years.
- A grade of **"C+" or higher is required for all nursing** and a **"C" or higher is required for all non-nursing** courses.
- Pre-requisite courses may only be repeated one time.** GPA calculation is based on the grade from the retake of the course.

## GRADE WORKSHEET

Please complete the information requested with a letter grade and semester. **\*If you are currently enrolled in pre-requisite courses, simply indicate in progress and do not fill in a letter grade.**

Example Only:

<b>BIOH 212: Anatomy &amp; Physiology II- Lab</b>		Grade: <b>B</b>	Semester Completed: <b>Fall 2023</b>
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>CHMY 121: Introduction to General Chemistry</b>		Grade: <b>B+</b>	Semester Completed: <b>Spring 2023</b>
<b>OR CHMY 141: College Chemistry I</b>		Grade:	Semester Completed:
<input checked="" type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade: <b>C-</b>	Faculty Initials:
<b>PSYX 230: Developmental Psychology</b>		Grade:	Semester Completed: <b>In Progress</b>
<input checked="" type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:

Please Complete:

<b>BIOH 201: Anatomy &amp; Physiology I</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>BIOH 202: Anatomy &amp; Physiology I- Lab</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>BIOH 211: Anatomy &amp; Physiology II</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>BIOH 212: Anatomy &amp; Physiology II- Lab</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>CHMY 121: Introduction to General Chemistry</b>		Grade:	Semester Completed:
<b>OR CHMY 141: College Chemistry I</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>CHMY 122: Introduction to General Chemistry- Lab</b>		Grade:	Semester Completed:
<b>OR CHMY 142: College Chemistry I- Lab</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>WRIT 201: College Writing</b>		Grade:	Semester Completed:
<b>OR WRIT 322W: Advanced Business Writing</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:
<b>M 121: College Algebra</b>		Grade:	Semester Completed:
<b>OR M 140: College Math for Healthcare</b>		Grade:	Semester Completed:
<input type="checkbox"/>	I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:

**GRADE WORKSHEET** (CONTINUED)

<b>NUTR 258: Fundamentals of Nutrition</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>PSYX 230: Developmental Psychology</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>BIOM 250: Microbiology for Health Sciences</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>BIOM 251: Microbiology for Health Sciences- Lab</b>		Grade:	Semester Completed:
<b>NRSNG 107: Perspectives in Professional Nursing</b>		Grade:	Semester Completed:
<b>OR NRSNG 100: Introduction to Nursing</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>WRIT 101: College Writing I</b>		Grade:	Semester Completed:
<b>OR WRIT 121: Introduction to Technical Writing</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>PSYX 100: Introduction to Psychology</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>SOCI 101: Introduction to Sociology</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>STAT 131: Introduction to Biostatistics</b>		Grade:	Semester Completed:
<b>OR STAT 216: Introduction to Statistics</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>HCI 316: Health Care Ethics and Regulation</b>		Grade:	Semester Completed:
<b>OR PHL 325W: Professional Ethics</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	
<b>HUMN _____ Humanities:</b>		Grade:	Semester Completed:
I have taken this course more than once	1 <sup>st</sup> Attempt Grade:	Faculty Initials:	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**Immunization, CPR and TB Verification Form**

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last, First) Please Print

Please insert dates below as applicable.

**MMR (measles, mumps, rubella) \*2 doses or positive titer\***

MMR Record 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Record 2 \_\_\_\_/\_\_\_\_/\_\_\_\_

Use below **only** if measles, mumps and rubella vaccinations were administered separately.

Measles \_\_\_\_/\_\_\_\_/\_\_\_\_, mumps \_\_\_\_/\_\_\_\_/\_\_\_\_, rubella \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles \_\_\_\_/\_\_\_\_/\_\_\_\_, mumps \_\_\_\_/\_\_\_\_/\_\_\_\_, rubella \_\_\_\_/\_\_\_\_/\_\_\_\_

OR Positive titer dates for Measles \_\_\_\_/\_\_\_\_/\_\_\_\_, mumps \_\_\_\_/\_\_\_\_/\_\_\_\_, and rubella \_\_\_\_/\_\_\_\_/\_\_\_\_

**Varicella (chickenpox) \*2 doses or positive titer\***

Vaccination dates \_\_\_\_/\_\_\_\_/\_\_\_\_ AND \_\_\_\_/\_\_\_\_/\_\_\_\_ (two recommended by the CDC)

OR positive titer date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hepatitis B \*Completion of 2 or 3 dose series or positive titer\***

(Engerix-B) Record 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Record 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ Record 3 \_\_\_\_/\_\_\_\_/\_\_\_\_ OR

(Heplisav-B) Record 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Record 2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Positive Titer date \_\_\_\_/\_\_\_\_/\_\_\_\_

**tDap (tetanus/pertussis) \*Within the past 10 years. Note this must be Tdap not TD or DPT\***

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

**Influenza Vaccine \*Completed annually\***

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

**TB Test (PPD-tuberculosis) \*Completed annually\***

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Date of chest x-ray \_\_\_\_/\_\_\_\_/\_\_\_\_

**CPR \* BLS Provider or American Red Cross Professional Rescuer. Recertification required every 2 years\***

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

**Proof of this information is to be kept and maintained by the nursing department.**

**REGISTRATION WAIVER**

I have applied for acceptance into the BSN clinical component for Fall 2025. At the time my application was submitted, I was registered in 4<sup>th</sup> semester nursing classes, NRSB 230, Nursing Pharmacology, NRSB 210, Foundations of Professional Nursing, NRSB 215 Assessment of Health Promotion, and NRSB 256 Pathophysiology.

I realize I will be automatically dropped from NRSB 230, Nursing Pharmacology, NRSB 210, Foundations of Professional Nursing, NRSB 215 Assessment of Health Promotion, and NRSB 256 Pathophysiology if I am not accepted.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Name  
(Print Clearly)

Date: \_\_\_\_\_

Please initial each line.

With initialing and signing below, the student verifies understanding of the information. It is the student's responsibility to contact the nursing department with questions PRIOR to initialing and signing the application.

\_\_\_\_\_ I understand that the selection to the Nursing Program will be comprised of 60% selective GPA and 40% TEAS score. **The TEAS can only be taken one time in the semester you are applying.**

\_\_\_\_\_ I have applied for acceptance into the BSN clinical component for Fall 2025. I will be automatically registered for NRSNG 230 (Nursing Pharmacology), NRSNG 210 (Foundations of Professional Nursing), NRSNG 215 (Assessment and Health Promotion), and NRSNG 256 (Pathophysiology). If I am not accepted into the nursing program, I will be automatically dropped from these courses.

\_\_\_\_\_ I will be notified by email and US mail, postmarked no later than **June 1, 2025**, whether or not I have received Fall 2025 placement in the BSN program. **No information will be provided over the phone.**

\_\_\_\_\_ Students who meet minimum requirements and are not offered placement will automatically be placed on the Fall 2025 wait list. The wait list is maintained only until the first week of Fall semester 2025.

\_\_\_\_\_ Upon admission to the program and **EACH** semester, **mandatory** orientation is required. Orientation may be held prior to the beginning of the academic semester.

\_\_\_\_\_ **Attendance to the new student orientation and the first week of class is mandatory. If unable to attend, I must decline admission placement.**

\_\_\_\_\_ I have no history of a felony conviction. **Applicants who have been convicted of a felony will not be admitted or allowed to continue in the nursing program.**

\_\_\_\_\_ Acceptance to and graduation from the Nursing Program does not assure eligibility to sit for the nursing licensing examination. The Montana Board of Nursing makes all final decisions on issuances of licenses.

Print Name \_\_\_\_\_

Student Signature \_\_\_\_\_

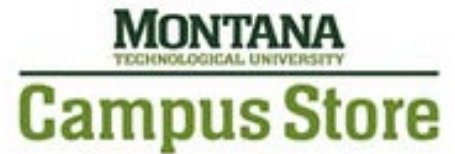
Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_

## Campus Store Order Form and Price List

Prices subject to change



To ensure an adequate amount and correct sizing **scrub tops need to be ordered when applications are submitted**. Students will be notified when scrub tops are ready for pick-up, payment is due at that time. The following items will also be available for purchase at the Campus Store, but do not need to be ordered prior to the beginning of the semester.

### Unisex Hunter Green Scrub Top (Minimum of 2) \$28.95

<u>Size</u>	<u>Quantity</u>	<u>Size</u>	<u>Quantity</u>
Extra Small	_____	Extra Large	_____
Small	_____	2XL	_____
Medium	_____	3XL	_____
Large	_____	4XL	_____

### Nurses Kit Quantity

Includes: \$60.95 \_\_\_\_\_  
 Classic Stethoscope, Blood Pressure Cuff,  
 Scissors, Penlight, Measuring Tape, Carrying Case

### Gait Belt Quantity

Gait Belt \$13.95 \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_