



**College of Health & Human Services  
School of Nursing**

**Spring 2010 Upper Division  
Bachelor of Science in Nursing**

**Application of**

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**(Please Print Name)**

**(Applications received or postmarked after  
August 31, 2009, will not be reviewed.)**



Please indicate the semester and year in which each nursing prerequisite course was completed (or if currently enrolled), the institution at which the course was completed, and the grade earned. List all science lecture and lab grades separately, if applicable.

1. You must complete the prerequisite courses listed in the Undergraduate Catalog and below, with a minimum grade of ‘C’ by the end of the semester of application.
2. A minimum of **three (3) of the five (5) science prerequisite courses**, with labs, must be completed prior to applying.

<u>Pre-requisite Courses</u>	<u>Semester/Year</u>	<u>Institution</u>	<u>Grade</u>
Chemistry I Lecture	_____	_____	_____
Chemistry I Lab	_____	_____	_____
Chemistry II Lecture	_____	_____	_____
Chemistry II Lab	_____	_____	_____
Human Anatomy/Physiology I Lec.	_____	_____	_____
Human Anatomy/Physiology I Lab	_____	_____	_____
Human Anatomy/Physiology II Lec.	_____	_____	_____
Human Anatomy/Physiology II Lab	_____	_____	_____
Microbiology/Bacteriology Lecture	_____	_____	_____
Microbiology/Bacteriology Lab	_____	_____	_____
English Composition I	_____	_____	_____
English Composition II	_____	_____	_____
College Algebra	_____	_____	_____
Statistics	_____	_____	_____
General Psychology	_____	_____	_____
Intro. to Sociology <u>or</u> Anthropology	_____	_____	_____
General Nutrition	_____	_____	_____
Human Growth & Development	_____	_____	_____
NC Nurse Aide I certification*	_____	_____	_____

*\*(CNA certification is not pre-requisite to applying but students admitted to the BSN program must be listed on the N.C. Nurse Aid Registry before beginning coursework in the BSN Upper Division major.)*

**A minimum prerequisite GPA of 2.5 is required to apply; however, admission is competitive and not all applicants meeting minimum qualifications will be admitted to the BSN Upper Division major.**

**General Education Requirement**

General Education courses must be completed prior to graduation. It is *highly recommended* that students complete these requirements prior to admission to the BSN program. The School of Nursing requires foreign language competency. Please contact an Academic Counselor (CHHS Advising Center, CHHS 103, 704-687-7922) for information about the BSN program, General Education requirements, or foreign language competency.

### **Healthcare Experience Evaluation (optional)**

Additional consideration will be given to applicants who possess a minimum of 50 hours of paid or volunteer experience in a **human-based healthcare environment in which they directly contribute to the welfare of patients.** Please submit the “Volunteer and/or Paid Hours Verification Form” completed by your immediate supervisor. This form must be used to verify experience. Do not submit letters of reference or recommendation.

### **UNC Charlotte Credit Hours (optional)**

Additional consideration will be given to applicants who have completed 30 or more credit hours at UNC Charlotte. Applicants without 30 credit hours at UNC Charlotte are eligible for application but will not receive this consideration. These credit hours will be verified at the time of application processing.

**Applicants will be notified in writing of admissions outcomes in November.**

### **Applicant’s Statement of Responsibility and Accuracy**

I, (please print) \_\_\_\_\_, understand that I must complete all prerequisite courses with a minimum grade of C by the last day of the Fall 2009 Semester. I understand that I must be listed as a Certified Nurse Aide I on the North Carolina Nurse Aide Registry ([www.ncnar.org](http://www.ncnar.org)) prior to beginning coursework in the BSN Upper Division major. I attest I have read and understand the information and instructions of this application and that all information contained herein is true and accurate. I understand that any false and/or misleading information may result in the disqualification of my application as well as other university sanctions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Volunteer and/or Paid Hours Verification Form

\_\_\_\_\_ has applied for admission to the School of Nursing at the University of North Carolina at Charlotte. He/she has indicated that he/she has completed volunteer and/or paid hours that are **related to a human-based healthcare environment and directly contribute to the welfare of patients** with your facility.

Please indicate the number of hours this individual has completed:

Please list the date range these hours were completed: \_\_\_\_\_ to \_\_\_\_\_

Please briefly describe the capacity (including specific responsibilities) this individual served in during these volunteer or paid hours:

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Facility: \_\_\_\_\_

Contact phone number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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