

**Georgia Southwestern State University**  
**SCHOOL OF NURSING**  
**APPLICATION FOR PROGRAM ADMISSION**  
**LPN/BSN PROGRAM**

Date \_\_\_\_\_

For Semester: Fall \_\_\_\_\_; Spring \_\_\_\_\_; Summer \_\_\_\_\_ Year: \_\_\_\_\_

GSW ID Number: \_\_\_\_\_ Date Accepted to GSW: \_\_\_\_\_

1. Print name in full \_\_\_\_\_  
Last First Middle

2. Usual signature \_\_\_\_\_

3. Permanent address \_\_\_\_\_  
(Number & street or route)

\_\_\_\_\_  
City County State Zip Code

4. Telephone numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

5. Local mailing address \_\_\_\_\_  
(Number & street or route)

\_\_\_\_\_  
City County State Zip Code

6. Local telephone number \_\_\_\_\_ (cell phone number) \_\_\_\_\_

7. Electronic mail address: \_\_\_\_\_

8. Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City County State Zip Code

9. Give information concerning nursing program(s) attended (location of program; when and where you passed the licensure exam (NCLEX-PN)).

\_\_\_\_\_  
\_\_\_\_\_

10. Are you currently working as an LPN? If yes, state where and job title.

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11. In what states are you currently licensed to practice nursing?

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12. Are you currently licensed in any other health care field? \_\_\_\_\_ If so, which field? \_\_\_\_\_

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Identify license number(s): \_\_\_\_\_

13. How did you first learn about GSW School of Nursing? \_\_\_\_\_

14. **Required support documents:**

- **Two (2) Completed Reference forms**

At least one reference should be from a recent faculty member, if applicable; or other instructors and/or work supervisors with whom you have been in contact over the past two years. Reference forms can be downloaded off of School of Nursing website. *Reference forms must be received by Student Services Coordinator in a sealed envelope signed by the author. Additionally, no reference forms will be accepted that are written by a relative of the applicant.*

- **Test of Essential Academic Skills (TEAS) Scores**

*Exam must be completed within one year of application deadline date.* Please see the School of Nursing web site or contact the Student Services Coordinator for testing dates. Exam scores may be sent directly to the School of Nursing by ATI if exam was completed at another institution.

- **Personal statement (one page in length)**

Students should highlight unique characteristics and abilities of self, their personal interest and involvement in healthcare, and any personal life events that have prompted their interest in a nursing career. Students should also identify their knowledge of the evolution of the nursing health care system over the past ten years in the United States.

- **Letter of acceptance to GSW with transcript evaluation**

A separate application to, and acceptance by, the GSW Admissions Office is necessary for consideration of acceptance into the School of Nursing. *All students must supply a copy of your transcripts, transcript evaluation (required for transfer students only), and University acceptance letter.*

- **Program may require an interview.** Applicants who qualify for an interview will be contacted by the program's admissions committee.

**Proof of the following need to be uploaded into the student tracking system included in the acceptance packet prior to the first day of class:**

- Current licensure as a practical nurse in Georgia
- CPR certification; current certification in cardiopulmonary resuscitation at the minimum level of basic life support for *health professionals*
- Completed Statement of Health (available upon request)
- Immunization Record (must be current and complete)

- Proof of Health Insurance
- Proof of Liability Insurance

**15. The SON Application Form and the required support documents must be sent via mail, personal delivery, or FAX to:**

Student Services Coordinator, Georgia Southwestern State University, School of Nursing, 800 Georgia Southwestern State University Drive, Americus, GA 31709  
FAX: 229-931-2288

16. Have you ever been dismissed from another nursing program? \_\_\_\_\_

I acknowledge that the information on this application is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number