# School of Professional Nursing Practice At the University of Southern Mississippi

### ABSN PATHWAY APPLICATION

#### APPLICATION DEADLINE: FEBRUARY 1 FOR FALL; SEPTEMBER 1 FOR SPRING

Have you ever been admitted to and started attending another nursing program? **DYES DNO** IF YES, written verification of satisfactory progression in that program is required. Contact your former nursing program and request a letter to be sent to the Southern Miss College of Nursing and Health Professions verifying your status. This is a standard letter, and schools of nursing regularly send these.

Have you been fully admitted to Southern Miss as an undergraduate? **DYES DNO** IF NO, urgently contact Admissions to complete the process. Applicants must be accepted to The University of Southern Mississippi to be considered for admission to the Nursing program. You can contact Admissions by phone at 601.266.5000 or visit their website at usm.edu/admissions.

#### **APPLICATION REQUIREMENTS**

- 1) Applicants must have a baccalaureate degree and the following sciences:
  - Human Anatomy and Physiology I and II with lab (4 hours each)
  - Microbiology with lab (4 hours)
  - General Chemistry or Fundamentals of General Organic and Biochemistry with lab (4 hours)
- 2) All prerequisite courses must be completed before nursing classes begin.
- 3) Applicants must have earned a "C" or better in each prerequisite course and have an overall minimum prerequisite GPA of 2.5.
- 4) Applicants must be in good academic standing (cannot be on probation, probation continued or suspension).
- 5) Nursing Entrance Exam must be completed or registered for exam prior to submission of application.
- 6) Applicants must have no previous nursing course failures from any institution in the last five years.

#### COMPLETED APPLICATION REQUIREMENTS

**Copies of all transcripts must be attached, even Southern Miss transcripts.** This is the applicant's responsibility. The College of Nursing and Health Professions will not be responsible for obtaining transcripts for applicants. Even if transcripts have been sent to the Admissions office, students must also attach copies with the completed application to Southern Miss College of Nursing and Health Professions. Unofficial copies are acceptable. This information should be attached and not sent separately. Students must complete the prerequisite checklist portion of the application. All required prerequisite courses must be listed by the applicant by either entering an earned grade, semester enrolled or semester planning to enroll.

Today's Date:	_ I am applying fo	r: Semester		_ Year			
SSN: E	MPL ID:	Date	e of Birth:		Gender:	R	ace:
Name:		st Name		Middle Name		Maiden N	
Current Address (address you would			Permane	nt Address:		Malden I	Nume
							Apt #
City	State	_ Zip	City			State	Zip
County of Residence:	Mississip	opi Resident: (	⊒Yes ⊒No				
Preferred Phone Number:			Email:				
How did you learn of the Southern	Miss College of Nur	sing and Hea	lth Professions?_				
Have you ever attended Southern A	Miss? □Yes □No 1	F YES, list dat	es attended:				
Are you currently enrolled at South	ern Miss? 🛛 Yes 🗅 N	No IF NO, wi	here are you cui	rrently enrolled?			

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Last Name:	First	Name:	Empl ID:
Have you ever been admitted	l to the Southern Miss College	of Nursing and Health Profes	ssions? <b>DYES DNO</b> If YES, when?
Reason for leaving:			
	have left the previous nursing prog	Ũ	to qualify for admission to the Southern Miss ed to progress in that program.
Name of School:		Location:	
Date of Entrance:	Date of Leaving:	Reason for Leaving	g:
Are you eligible to return to t	this school? $\Box YES \Box NO$ If Y	ES, a letter of good standing from	this institution is required to finish your application.

<b>LIST ALL PREVIOUS COLLEGES ATTENDED / YEARS ATTENDED</b> Copies of transcripts must be attached for each institution.	<b>INITIAL HERE</b> Transcript Attached	# OF HRS. TAKEN	CUMULATIVE GPA
Example: JCJC Attended 2021-22	SON	24	3.0

**LICENSURE INFORMATION FOR APPLICANTS:** Any individual having been convicted of a misdemeanor or felony may not be allowed to write the NCLEX for RN licensure. At their discretion, the Mississippi Board of Nursing has the authority to refuse licensure to anyone convicted of a misdemeanor or felony. (See State of Mississippi Laws, Rules and Regulations, Mississippi Board of Nursing Section §73-15-29 (1) (b).)

**CRIMINAL BACKGROUND CHECK:** Pursuant to an amendment to Mississippi House Bill HB 1077, Section §43-11-13, Mississippi Code of 1972, all applicants to the College of Nursing and Health Professions must undergo the criminal background check before beginning clinical experiences. If the student is disqualified for clinical training at an agency, the College of Nursing and Health Professions may determine that the student cannot maintain student status since clinical training is an essential part of the Nursing program.

**ROUTINE ALCOHOL AND DRUG SCREENING:** Every student enrolled in a clinical nursing course is required to undergo a drug screening test at least every 12 months to determine the presence of alcohol, drugs and controlled substances. If the results of the drug screening are positive for alcohol, drugs and/or other controlled substances, the student may not continue in clinical nursing courses. The student is responsible for costs associated with the drug screening and confirmation.

**REQUIRED ESSAY:** Explain the reasons for changing careers and choosing nursing as a major. Contents should also include why you are a good candidate for such a program and how the program will facilitate your career goals.

#### **COMPLETED APPLICATION REQUIREMENTS** Initial that the following are attached:

\_\_\_\_\_ Copies of all transcripts (can be unofficial)

Essay (300-500 words) explaining reasons for changing careers and choosing nursing as a major

Completed prerequisite checklist *All courses must be accounted for: completed, enrolled, planning to enroll. (Page 3)* 

**Certification:** By initialing above and signing below, I affirm that the information in this application is accurate and complete. I understand that falsification of information is grounds for dismissal from the School of Professional Nursing Practice. I hereby make application for admission to the School of Professional Nursing Practice at The University of Southern Mississippi and agree to abide by the regulations and policies of the College of Nursing and Health Professions while I am a student. I also understand attaching all required documents is my responsibility, and an incomplete application may not be considered for admission.

Applicant's Signature \_

If NO, explain why: \_

Date

## School of Professional Nursing Practice At the University of Southern Mississippi

### ABSN PATHWAY PREREQUISITE CHECKLIST

Last Name: First	Name:			Empl		
<b>Fill in ALL GRADES EARNED.</b> If you have taken a class more than once, <u>list all grades</u> you have earned in the class.	HRS.	EXACT COURSE TAKEN	GRADE EARNED	GRADE EARNED	grade Earned	QUALITY PTS. FOR GPA CALCULATION
Southern Miss Course Number/Mississippi Community College (Course Numbers)		ENG 2323				
GEC 01-GEC 06 MET: WITH BACCALAUREATE DEGREE						
BSC 250: HUMAN ANATOMY AND PHYSIOLOGY I (BIO 2513/2511/2514	)					
BSC 250L: HUMAN ANATOMY AND PHYSIOLOGY   LAB (BIO 2511)						
BSC 251: HUMAN ANATOMY AND PHYSIOLOGY II (BIO 2523/2521/2524	1)					
BSC 251L: HUMAN ANATOMY AND PHYSIOLOGY II LAB (BIO 2521)						
BSC 282 or BSC 283: MICROORGANISMS IN HEALTH AND DISEASE/ MICROBIOLOGY OR GENERAL MICROBIOLOGY (BIO 2923/2921 or 2924)						
BSC 282L or BSC 283L: MICROBIOLOGY LAB OR GENERAL MICROBIOLOGY LAB						
CHE 106: GENERAL CHEMISTRY OR CHE 110: FUND. OF GENERAL, ORGANIC AND BIOCHEMISTRY. **CANNOT BE CHE 100. FROM TRANSFER INSTITUTION, THIS MUST BE THE CHEMISTRY FOR PRE-MED MAJORS. (CHE 1213/1211; 1214; 1214H).						
<b>CHE 106L:</b> GENERAL CHEMISTRY LAB OR <b>CHE 110L:</b> FUND. OF GENERAL, ORGANIC AND BIOCHEMISTRY LAB. FROM TRANSFER INSTITUTION, THIS MUS BE THE CHEMISTRY FOR PRE-MED MAJORS.	т					

### MAIL COMPLETE APPLICATION PACKET WITH ALL REQUIRED ATTACHMENTS TO THE FOLLOWING ADDRESS:



### College of Nursing and Health Professions

ATTN: NURSING APPLICATION FOR ADMISSION

118 College Drive #5095 Hattiesburg, MS 39406

601.266.5445 | usm.edu/nursing-health-professions