

# **OLD DOMINION UNIVERSITY**

COLLEGE OF HEALTH SCIENCES

#### SCHOOL OF NURSING

# SUPPLEMENTAL PRELICENSURE APPLICATION <u>Deadline: February 15<sup>th</sup></u>

Complete all applicable fields. Please type on this application instead of writing responses by hand. Upon completion, print the application and mail it to the address listed on page 4.

**<u>Do not</u>** email your application.

Applicants are notified of the admission decision in April.

If applying through one of these programs, please place a check mark beside the option:

	$\square$ GEP	$\square$ MECP	$\Box$ ROTC	□STA-21
Name:				
Other n	names in whi	ich records ma	ıy appear:	
ODU UI	IN (Universit	ty Identificatio	n Number):	
Mailing	g/Street Add	ress:		
City:		State: _		Zip Code:
Phone:	Home		Work/C	ell
Email <i>A</i>	Address (OD)	U preferred):		
Applicant Attributes:				
Prior Cou	urses at ODU (1	2+ credit hours)	□ Vet	eran/Active Duty $\square$
Patient C	Care Experience	e (25+ hours) □	Firs	t Generation College Student $\Box$
Commun	nity Service/Vol	lunteer (25+ hour	rs) 🗆 — Seco	ond Degree Student $\square$
*This inclu	ides any group of	= =	historically exclu	ded from full rights, privileges,

and/or sexual orientation.

In chronological order, please list all higher education institutions attended including ODU:

Institution	Location	Dates	Degree Received or Hours Completed

#### **Prerequisite Courses.**

Note: All of these courses must be completed prior to the February 15th application deadline.

Please indicate the grade you received and from which institution you earned the credits. Your GPA for Admissions purposes will be calculated from the Prerequisite Course grades.

Prerequisite Course	Grade	Institution
ENGL 110C*		
(Written Communication I)		
STAT 130 M		
(Elementary Statistics)		
PSYC 203S		
(Lifespan/Developmental Psychology)		
SOC 201S		
(Introduction to Sociology)		
CHEM 105N/106N or 121N/122N		
(College Chemistry with Lab)		
BIOL 103 or 150/151		
(Microbiology/Bacteriology)		
BIOL 250 or 240**		
(Human Anatomy & Physiology I)		

<sup>\*</sup>For GPA scoring purposes, this course grade can be substituted for ENGL 211C course grade.

<sup>\*\*</sup>For GPA scoring purposes, this course grade can be substituted for BIOL 251 or 241 course grade. The highest grade achieved for each course will be considered. All courses must be completed.

#### **Additional Course Requirements.**

Note: The Prelicensure BSN requires 66 credits of NURS courses. A minimum of 120 credit hours are required to graduate. All students must have completed 54 credits prior to enrolling in the Nursing program.

ODU requires a general education package to complete the Bachelor's degree. All additional course requirements MUST be completed prior to entry into the Prelicensure program. Please indicate status of each course (completed, In Progress, or Planned).

For students transferring credit, verify transfer equivalency here: <a href="https://transfer2.odu.edu/equivalency/">https://transfer2.odu.edu/equivalency/</a>

Course	Status	Institution
BIOL 251 or 241		
(Anatomy & Physiology II)		
ENGL 211C***		
(Written Communication Skills II)		
Foreign Language I***/^		
Foreign Language II***/^		
GEN ED Literature***		
GEN ED Human Creativity***		
GEN ED Interpreting the Past***		
GEN ED Philosophy***		
GEN ED Impact of Technology***		

<sup>\*\*\*</sup> Automatically satisfied with previous Bachelor's degree, VCCS Associate of Science degree, or VCCS Associate of Art degree. Other AS/AA/AAS degrees may be eligible for a gen ed waiver..

^Waived for students who took 3 years of one foreign language in high school or two years each of two languages in high school. (Official HS transcript must be submitted to ODU Admissions.)

Students whose native language is not English are exempt from the foreign language gen ed requirement.

Course	Status	Institution
Upper Division GEN ED course+		
(300/400 level course outside of Health Sciences)		
Upper Division GEN ED course+		
(300/400 level course outside of Health Sciences		

<sup>+</sup> Automatically satisfied with previous Bachelor's degree. May also be fulfilled with a Minor at ODU.

# **Application Checklist**

$\square$ I have been admitted to Old Dominion Universitudent.	ersity as a degree seeking
$\square$ Transfer Students: I have sent official transc Admissions.	ripts to the ODU Office of
$\square$ I have attached my unofficial transcripts fro attended to this application. (ODU transcripts a	
☐ I have attached my HESI A2 cumulative score. The HESI score report must be attached to the according to t	• • • • • • • • • • • • • • • • • • • •
$\square$ If applicable, proof of health care related ce experience is attached.	rtification and/or patient care
$\square$ If applicable, proof of community service/vattached.	olunteer work experience is
$\square$ I am aware that all departmental prerequis must be completed at the time of application.	ite requirements except A&P II
$\square$ I am aware that all required non-Nursing co to entry into the Prelicensure program. Student credits prior to enrolling in the Prelicensure programs and education requirements.	s must complete at least 54
SIGNATURE	DATE

Return application with documentation of health care certifications, unofficial transcripts, and other additional information as needed to:

School of Nursing Undergraduate Program Coordinator 1881 University Drive STE 169 Virginia Beach, VA 23453



SCHOOL OF NURSING

# **Patient Care/Health Care Experience Verification Form**

Please indicate if you have healthcare related experience.			
Check one:CNAEMTLPNNavy CorpsmanArmy Medic			
Other  A copy of your license or certification must be attached to this form.			
I do not have a license but I was trained on the job or have volunteer experience at			
as a			
I verify that I have workedhours in this capacity.			
My job responsibilities included:			
Supervisor's title			
Supervisor's Phone Number			
Supervisor's E-mail Address			
Supervisor's Signature			



SCHOOL OF NURSING

# **Community Service/Volunteer Experience Verification Form**

I have volunteer experience at		as a
I verify that I have worked	hours in this capacity.	
My responsibilities included:		
Supervisor's title		
Supervisor's Phone Number		
Supervisor's E-mail Address		
upervisor's Signature		