

Dear Prospective ASN Student,

Thank you for your interest in the Associate of Science in Nursing (LPN Advanced Placement Option) program at MUW. Attached you will find the 2018 Application Packet. The packet includes the application, a form to list your pre-requisites/general education courses and an application checklist. Admission to the associate of science in nursing program is competitive. There are specific admission requirements that must be met in order to be considered for admission and they include:

- Applicants must be admitted to the University prior to applying to the ASN program.
- Applicants must have completed the pre-requisite courses (Human Anatomy & Physiology I and II with Labs, Microbiology with Lab, College Algebra, Human Growth & Development, English Composition I and Nutrition with a minimum grade of "C").
- Science courses may be repeated only once. After the second failure to make a "C" or above on required courses, the student is ineligible for admission to the program.
- MUW GPA and overall GPA on **all work attempted** must be = or >2.50. Technical and/or LLS courses are not calculated into the overall cumulative GPA.
- Official transcript(s) from each college (**including MUW**) attended must be submitted in a sealed, stamped envelope (E-scripts will not be accepted). If you have taken a class or classes at MUW you must still submit an official transcript from MUW with your application.
- Official documentation of the ACT composite score (copy of score from national ACT website or a copy of high school transcript documenting ACT score) of 18 if taken in or after October 1989 or 15 if taken before October 1989 or a residual score on official MUW letterhead must be submitted.
- Applicants must have a current unencumbered Mississippi Practical Nurses License and must have worked at least 1 year in a clinical setting within the last 2 years as a licensed practical nurse.
- If an applicant has ever been enrolled in a Registered Nurse Program, a letter of good standing must be submitted from your prior school.

**Admission to MUW does NOT assure that you will be admitted to the ASN Program. Please note that there is a separate ASN admission process.** Any questions you may have concerning University admission requirements, financial aid, or tuition should be directed to the Office of Admissions, 662-329-7106. You may call the toll free number (877- 462-8439) and ask for the Admissions Office (ext. 7106).

The completed application packet must be in the ASN Program office **by 5:00 pm on May 15, 2018. Late and/or incomplete application packets will not be considered for admission.** You will be notified of your admission status by email by June 1, 2018. Please make sure your email address is correct on the application, since this is how you will be notified. You may hand deliver completed application packet to the MUW ASN office in Martin Hall Room 100 or mail to Mississippi University for Women, Associate of Science in Nursing Program, 1100 College Street MUW-910, Columbus, MS 39701-5800.

If you are selected, you will be required to attend a mandatory ASN program introductory session in June 2018. Selection letters will contain additional information about this session.

If you have any questions, please call us at 662-329-7311.

*Dr. Maria Scott*

Dr. Maria Scott, Department Chair  
Associate of Science in Nursing Program

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

Last	First	Middle	Date of Birth
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Home Number:                      Cell Number:                      Email:

Ethnic Classification: Native American\_\_\_\_\_ Native Alaskan\_\_\_\_\_ Asian or Pacific Islander\_\_\_\_\_  
Black Non-Hispanic Hispanic White Other

Date of completed GED (if applicable): \_\_\_\_\_ Highest degree (if applicable): \_\_\_\_\_

If so, which school? \_\_\_\_\_

List all Colleges/Universities attended (even if only one course)

College/University	City	State	Years Attended (Ex: Fall '12-Spring '13)

If "Yes", have you completed a rehabilitation program? Yes \_\_\_\_\_ No \_\_\_\_\_

(If answering "Yes", please explain on a separate sheet of paper)

Furthermore, I understand that applicants to the College of Nursing & Health Sciences are advised that upon completion of degree requirements the Board of Nursing may, *“in its discretion, refuse to accept the application of any person who has been convicted of a criminal offense....”* (Mississippi Board of Nursing Policies & Procedures).

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

**Associate of Science in Nursing Program**  
**Pre-requisites and General Education Courses - LPN Advanced Placement Option**

**(Please ✓ the boxes that are applicable and list Institution, semester taken and your grade)**

<b>Pre-requisite Courses</b>	<b>Institution</b>	<b>Semester Taken</b>	<b>Grade</b>
<input type="checkbox"/> Anatomy and Physiology I/Lab			
<input type="checkbox"/> Anatomy and Physiology II/Lab			
<input type="checkbox"/> College Algebra			
<input type="checkbox"/> English Composition I			
<input type="checkbox"/> Human Growth & Development			
<input type="checkbox"/> Microbiology/Lab			
<input type="checkbox"/> Nutrition			

<b>General Education Courses</b>	<b>Institution</b>	<b>Semester Taken or to be Taken</b>	<b>Grade or In Progress</b>
<input type="checkbox"/> Humanities/Fine Arts			
<input type="checkbox"/> Oral Communication			

If you have repeated a course more than once, the last grade is considered the grade of record and should be recorded above.

A minimum grade of "C" is required in each course.

I certify that the information above is true to the best of my knowledge.

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

**ASN Application Packet Checklist  
LPN Advanced Placement Option**

**Please complete and include with your application: Have you included the following information in your application packet?**

<b>ASN Application</b>	Yes	No
<b>Official transcript(s) from each institution attended (must be in a sealed, stamped envelope)</b>  <b>Note: 2018 Spring grades must be recorded on your transcript(s) if you want those grades considered for admission.</b>	Yes	No
<b>Official Documentation of ACT Score</b>	Yes	No
<b>Pre-requisite and General Education Course Form</b>	Yes	No
<b>Documentation of LPN License</b>	Yes	No
<b>Work Verification Letter</b>	Yes	No
<b>Have you been admitted to MUW for Summer 2018?</b>	Yes	No

**\*SEND ALL DOCUMENTATION IN ONE PACKET\***

**Send the above information to:**

Mississippi University for Women  
Associate of Science in Nursing Program  
1100 College Street MUW-910  
Columbus, MS 39701-5800

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

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