



**COLLEGE OF NURSING AND HEALTH SCIENCES
DEPARTMENT OF ASSOCIATE NURSING**

LPN to RN ADVANCED PLACEMENT OPTION

2023 APPLICATION

Important

Read Dr. Ruffin's letter before completing application.

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 2023 Application Packet. The packet includes the admission application, a form to list your pre-requisites/general education courses and an admission 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 have been accepted to the University for the 2023 2nd Summer term **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 failed only once.
- MUW GPA **AND** overall GPA on all work attempted must be = or >2.50. If you have taken a course more than once, the last grade will be recorded for that course; however, all grades are calculated into the overall cumulative GPA.
- Officials transcript(s) from each college attended (**including MUW**) must be submitted in a sealed, stamped envelope with the ASN application. Transcripts can be sent as e-script to asn@muw.edu. If you have taken summer courses at any college/institution, those transcripts must be included as well. **Please note MUW Admissions Office requires a separate set of official transcripts for admission to the university. This means you need two official transcripts sent to you, one to submit with your ASN application and one to submit to MUW Admissions Office.**
- Documentation of your national ACT composite score (copy 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. **Your FIRST and LAST name must be printed on your national ACT composite score sheet that you print from the ACT website. We do not accept ACT Superscores.**
- Applicants must have a current unencumbered Mississippi Practical Nurses License and must have worked at least 1 year in a clinical setting (or 1500 hours) within the last 2 years as a licensed practical nurse.
- Applicants must provide a completed and signed job verification letter form from their current and/or previous employer, verifying employment. Employers may be contacted for verification purposes only.
- If an applicant has ever been enrolled in a Registered Nurse Program, a Letter of Good Standing must be provided in a sealed envelope, with your application package, or a representative from the institution must email the letter to asn@muw.edu.
- **All** application documents must be in the ASN program office and/or postmarked **by 5 p.m. on June 1, 2023.**
 - **Mailing address is Mississippi University for Women, Associate of Science in Nursing Program, 100 College Street MUW-910, Columbus, MS 39701-5800 or**
 - **Hand-Deliver to ASN Program Office in Martin Hall Room 100..**
- Late and/or incomplete application packets will not be considered for admission..

Admission to MUW does NOT assure that you will be admitted to the ASN Program (LPN Advanced Placement Option). 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).

You will be notified of your admission status by email by June 1, 2023. Please make sure your email address is correct on the application. If you are selected, you will be required to attend a **mandatory** ASN orientation the week of June 12-16, 2023 with specific date/time TBA.

I will look forward to hearing from you,

Dr. Mary Helen Ruffin

Mary Helen Ruffin, PhD., RN, CNE
Program Chair and Tenured Professor
Associate of Science in Nursing Program

MUW College of Nursing & Health Sciences
Department of Associate Nursing – LPN APO Option
Summer 2023 Application

Name: _____
Last First Middle Date of Birth

Home Address: _____
Street City State Zip Code County

Home Number: _____ Cell Number: _____ Email: _____

SS #: _____ MUW ID #: _____

High School Attended: _____ Graduation Date: _____

Date of completed GED (if applicable): _____ Highest degree (if applicable): _____

Have you ever been enrolled in a Registered Nursing Program? Yes _____ No _____

If so, which school? _____

You must have a Letter of Good Standing from your prior school sent to the MUW ASN Program Chair

Do you plan to live on campus? YES _____ NO _____

If yes, would you be interested in living in the nursing learning community, specific residential floors for nursing majors only? YES _____ NO _____

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

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

Do you have a history of alcohol or drug abuse? Yes _____ No _____

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

Have you ever been arrested for a criminal offense? Yes _____ No _____

Have you ever been convicted of a criminal offense? Yes _____ No _____

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

Do you have pending Board of Nursing (BON) or criminal charges? Yes _____ No _____

Once offered admission to the ASN program, I understand that all nursing students must have a clean criminal background check and a negative drug screen. Refer to the MUW Undergraduate Bulletin (Nursing Program Admission Plans) for further information.

Furthermore, I understand that applicants to the College of Nursing and 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)

Pre-requisite Courses	Institution	Semester/Year Taken	Grade
<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			

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

If you have repeated a course, the last grade is the grade on 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 _____

Revised Fall 2022



College of Nursing & Health Sciences
Associate Nursing Department
1100 College Street, MUW-910
Columbus, MS 39701-5800
662-329-7301

College of Nursing and Health Sciences
Department of Associate Nursing
LPN TO RN Advanced Placement Option 2023

Employer Documentation of Hours Practiced as a Licensed Practical Nurse
Permission to Release Information

I, _____, am seeking admission to Mississippi University for Women's LPN-RN nursing program. I must document that I have worked as a licensed practical nurse for at least one (1) year and a minimum of 1,500 hours within the last two years. I am requesting your verification that this requirement is met by checking either (A) or (B) at the bottom of this letter. I give permission for you to release this information to Mississippi University for Women.

Applicant Signature: _____ Date: _____

A Human Resource Officer or another official representative of the agency is to complete the following information.

Name of Facility: _____

Physical Address: _____

City _____ State _____ ZIP _____

Please complete the following:

I verify that _____ was/is employed as a licensed

(Print Applicant Name)

practical/vocational nurse a(LPN/LVN) at my institution/agency as indicated below:

_____ (A) applicant has been employed at our facility as a licensed practical nurse for at least one (1) year and a minimum of 1500 hours within the last two years.

_____ (B) applicant is/was employed at our facility as a licensed practical nurse for _____ hours.

Signature: _____

Printed Name: _____ Title: _____

Business Phone Number _____

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?

ASN Application	Yes	No
Official transcript(s) from each institution attended must be in a sealed, stamped envelope. You should have two sets of official transcript(s) mailed to you so you can include one set with your application packet and send one set to MUW Admissions Office. Transcripts can be sent to the ASN program as e-script to asn@muw.edu . <u>Please note MUW Admissions Office requires a separate set of official transcripts for admission to the university.</u> Note: 2023 Spring grades must be recorded on your transcript(s) if you want those grades considered for admission.	Yes	No
Validation of ACT Score from the ACT website or high school transcript. <u>Your FIRST and LAST name must be printed on your national ACT composite score sheet that you print from the ACT website. We do not accept ACT Superscores.</u>	Yes	No
Pre-requisite and General Education Course Form	Yes	No
Documentation of LPN License	Yes	No
Work Verification Letter (completed and signed)	Yes	No
Have you been admitted to MUW for Summer 2023 2nd Summer term?	Yes	No

SEND ALL DOCUMENTATION IN ONE PACKET

It is your responsibility to follow these instructions to ensure your application is complete and can be processed.

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: _____