

Commonwealth University

## ASN Student Application for Internal Transfer into the Breiner School of Nursing

### Personal Data (Please Print)

Last Name \_\_\_\_\_ P# \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Daytime telephone(\_\_\_\_) \_\_\_\_\_

Tract are you applying for: ASN  Advance Placement LPN-RN

### Curriculum Data:

Indicate your current and, if applicable, previous majors.

Major: \_\_\_\_\_ Major: \_\_\_\_\_

Admission to the Program is based on space available and the courses you have already taken.

### Prerequisites: Traditional ASN Tract

GPA of 2.7 Yes No GPA \_\_\_\_\_

High School or College Algebra – earning a C or higher. Yes No Grade: \_\_\_\_\_

High School or College Biology with a lab – earning a C or higher. Yes No Grade: \_\_\_\_\_

High School or College Chemistry with a lab – earning a C or higher. Yes No  
Grade: \_\_\_\_\_

TEAS composite score of 65% or higher. Yes No Score: \_\_\_\_\_

### Prerequisites: LPN-RN Tract

GPA of 2.7 Yes No GPA \_\_\_\_\_

High School or College Algebra – earning a C or higher. Yes No Grade: \_\_\_\_\_

High School or College Biology with a lab –earning a C or higher. Yes No Grade: \_\_\_\_\_

High School or College Chemistry with a lab –earning a C or higher. Yes No Grade: \_\_\_\_\_

HLSC 115 Anatomy and Physiology 1–earning a C or higher. Yes No Grade: \_\_\_\_\_

HLSC 120 Anatomy and Physiology 2 – earning a C or higher. Yes No Grade:\_\_\_\_\_

Math 101 or higher- earning a C or higher. Yes No Grade:\_\_\_\_\_

Writing 103-earning a C or higher. Yes No Grade:\_\_\_\_\_

PSYC 212 Lifespan Development-earning a C or higher. Yes No Grade:\_\_\_\_\_

Completion of the NACE assessment package (LPN). Yes No Grade:\_\_\_\_\_

Completion of TEAS (non-LPN):  Yes  No Grade:\_\_\_\_\_

### **For all applicants**

Commonwealth University is required by the U.S. Department of Education, Office of Civil Rights, to collect and report information pertaining to ethnic backgrounds of applicants for admission. This information will not affect the admissions decision. Mark an X in the box that applies to you:

- 1. African American
- 2. American Indian or Alaskan Native
- 3. Asian or Pacific Islander
- 4. Latino
- 5. Caucasian
- 6. Other (specify)\_\_\_\_\_
- 7. Prefer not to answer

### **All Applicants: affidavit**

I certify the above statements are correct and that I have answered all applicable questions. I understand that my falsification of the above information may invalidate my application. I give permission to the Breiner Department of Nursing office to access my transcript.

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_