

PERSONAL INFORMATION

Full Legal Name: _____
Last *First* *Middle*

Banner ID Number: _____ **Gender:** ___ Male ___ Female

Date of Birth(month/day/year): _____

Are you a citizen of the U.S.? ___ Yes ___ No **If no, what country?** _____

Telephone: home () _____ **work:** () _____ **cell:** () _____

Email address: _____ **Fax:** _____

Local Mailing Address: _____ _____ _____ City State _____ Zip Code	Permanent Address: _____ _____ _____ City State _____ Zip Code
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Emergency Contact: _____ Name Relationship
Phone Number: () _____

COLLEGES ATTENDED: MOST RECENT FIRST

Names of Institution	City, State	Date of Attendance		Type of Degree Earned	Status
		From Mo/Yr	To Mo/Yr		Enrolled Not Enrolled

List Courses in Progress and Courses You Will Complete Prior to Admission:

SPRING	SUMMER

Community and Professional Activities/Offices:

Work Experience: List in Chronological Order with Most Recent First.

EMPLOYING AGENCY/ ADDRESS	POSITION	DATES OF EMPLOYMENT

Have you ever been denied admission to any School of Nursing? ____ Yes ____ No

If yes, where and for what reason?

Students in the School of Nursing must comply with the legal, moral, and legislative standards in accordance with the Alabama Board of Nursing. My signature below verifies that I have been informed that the admission and graduation from the professional nursing curriculum do not assure that I have met all the qualifications deemed necessary by the Board of Nursing to take the licensure examination.

Signature of Applicant _____

Date _____

Deadline is Tuesday, April 1, 2008 @ 4:45 p.m.

Auburn University is an Equal Opportunity Institution

AUBURN UNIVERSITY SCHOOL OF NURSING
AND PROGRAM

PROGRAM APPLICATION INFORMATION

1. APPLICATION FOR ADMISSION TO AUBURN UNIVERSITY

Students who are not currently enrolled at AU must first apply and be accepted to the university. You may receive an application to AU by contacting the Admissions Office at (334) 844-4367, or you may apply online at <http://www.auburn.edu/admissions>.

2. APPLICATION FOR ADMISSION TO SCHOOL OF NURSING AND PROGRAM

This application should be completed accurately and returned along with a copy of transcripts from **ALL SCHOOLS ATTENDED** (including Auburn University if applicable) ***Unofficial Transcripts Are Acceptable***. Mail to: AU School of Nursing, Admission Committee, 118-D Miller Hall, Auburn University, Alabama 36849-5505. AND Application deadline is 4:45 p.m. **April 1, 2008** to be considered for fall admission. ***Applications postmarked after this date, or applications not accompanied by a checklist and complete transcript(s) will not be considered***

3. SCHOOL RECORDS (TRANSCRIPTS AND EVALUATIONS)

-Students CURRENTLY ENROLLED at AU: send complete Nursing Application with copy of all transcripts from all schools attended (including AU) printed from **Tiger I**, student printed transcripts are acceptable.

- Students who are TRANSFERRING from other colleges/universities must submit an application to the university, have official transcripts sent to the AU Admissions Office.

NOTE: YOUR BSN APPLICATION IS NOT COMPLETE UNLESS ACCOMPANIED BY COMPLETE TRANSCRIPT(S). It is the student's responsibility to have ALL of his/her transcripts from all colleges/universities attended forwarded to the **AU Admissions Office** and have a second copy of all transcripts to submit with the Nursing Application. **(Student printed Transcripts Are Acceptable to Submit with Nursing Application)**

4. NOTIFICATION TO APPLICANTS

Applicants will be notified by mail of their admission status by mid June. No one can verbally promise you a space, or acceptance into the BSN Program. Official letters will be mailed to the permanent address you provided on your application. Unsuccessful candidates must reapply if they desire consideration for a future class.

PLEASE DO NOT CALL THE NURSING ADVISOR'S OFFICE for information regarding your admission status **UNLESS** you have not received a letter from the Admissions and Progression Committee by the last day of June (for fall entrance)

AUBURN UNIVERSITY SCHOOL OF NURSING

AND PROGRAM

CHECK LIST

Please following the instructions and return with nursing application.

NOTE: The following application materials must be submitted directly to the School of Nursing and must arrive packaged together.

BSN CHECK LIST

Currently Enrolled AU Students:

- _____ **Completed and Signed Nursing Application**
- _____ **Tiger I copies of transcripts included with Nursing Application**
- _____ **Attach unofficial/ official transcripts from each individual college(s) attended.**
- _____ **I have scheduled my interview appointment for April 30th 2008. (Please contact Brandi Long at 334-844-5665 to set up the appointment.)**

Transfer Students or Students Not Currently enrolled at Auburn University:

- _____ **Apply to Auburn University**
- _____ **Completed And Signed Nursing Application**
- _____ **Attach a copy of acceptance letter to Auburn University**
- _____ **Attach unofficial/ official transcripts from each individual college(s) attended.**
- _____ **I have scheduled my interview appointment April 30th, 2008. (Please contact Brandi Long at 334-844-5665 to set up this appointment.**

Please initial each line and include this check list with completed nursing application.

I understand that:

- 1. I will be considered for admission provided that the School of Nursing has received the completed and signed application packet and transcript(s) on or before 4:45 p.m. on Tuesday, April 1, 2008**
- 2. If consideration for admission is achieved, my admission is contingent upon successful completion of all prerequisite courses with a grade of "C" or better prior to Fall Semester 2008.**

Signed: _____ **Date:** _____

AUSON Additional Health Requirements

These are **NOT REQUIRED** in order to apply to the Auburn University School of Nursing. These are required **ONLY** if you are **ACCEPTED** to the Upper Division Courses. We just want to let you know ahead of time in case you would like to begin working on the requirements.

DO NOT SUBMIT THESE MATERIALS UNTIL YOU HAVE RECEIVED THE OFFICIAL AUSON HEALTH FORM. This would be mailed to you in June after you have been formally accepted to our Upper Division.

Diphtheria and Tetanus Toxoid: Booster shot within the past 10 years.

Poliovirus: If student completed the childhood polio vaccine series list date series was completed. If no, or unsure, an adult booster is required.

TB : TB or PPD skin test is required and must remain current throughout the school year. If a negative TB test cannot be provided, a negative Chest X-ray must be provided to the program. This test must be done annually.

Rubella (German Measles): A Rubella IgG Titer (Blood Test) is required and a copy of the lab report must be attached to this form. If blood test shows that the student is not immune, the student must be re-immunized.

RUBEOLA (Measles): A Rubeola IgG Titer (Blood Test) is required and a copy of the lab report must be attached to this form. If blood test shows that the student is not immune, the student must be re-immunized.

MUMPS: A Mumps IgG Titer (Blood Test) is required and a copy of the lab report must be attached to this form. If blood test shows that the student is not immune, the student must be re-immunized.

VARICELLA: A Varicella IgG Titer (Blood Test) is required and a copy of the lab report must be attached to this form. If blood test shows that the student is not immune, the student must be re-immunized.

HEPATITIS B VACCINE: All students must have begun the Hepatitis B vaccine series prior to the start of classes. The series consists of three injections. An initial injection, followed by the second injection one month later, followed by the third injection four months after the second. All students who have already completed the Hepatitis B vaccine series are required to have a Hepatitis B surface antibody titer (Blood Test) to confirm immunity. A copy of the lab report must be attached to this form. For students who are just beginning the Hepatitis B series, a titer is required one month after completion of the series. If the hepatitis B surface antibody titer is negative, a second series of three doses of the Hepatitis B vaccine must begin prior to the start of classes.

CPR CERTIFICATION: The AUSON requires all students to have current CPR certification. There are only two acceptable levels of certification: AHA (American Heart Association) **Healthcare Provider CPR** or Red Cross **Professional Rescuer CPR**. Your CPR card must specifically indicate one of the above certifications.