

School of Nursing Applicant

This information is being provided in an effort to assist in the completion of your application. For fall admission for Langston and Tulsa Campuses, you will need to submit the following documentation postmarked **on or before March 1**. For spring admission to Tulsa Campus only, you must submit the documentation **postmarked on or before October 1**. Your consideration for acceptance into the Nursing Program will be a full-time enrollment.

Along with your application submit:

1. Official transcripts from **all** universities and/or colleges attended as well as from ADN and LPN program (including Langston University).
2. TOEFL Score if secondary education was in a school outside of the United States.

3. Brief typed essay describing:

- a. Educational, work, community and social activities in which you have been involved during and since last attending school.
- b. Plan for completing prerequisite courses.
- c. Your reasons for selecting nursing as a career.
- d. Reasons for choosing the Langston University School of Nursing.
- e. What are your specific plans to insure your success in the nursing program?
- f. What is your philosophy about academic integrity?
- g. Your future plans and goals beyond nursing school.

After admittance to the program be aware that the following will be **required during your tenure** in the School of Nursing (SON):

1. Verify completion of all prerequisites with an official transcript(s).
2. A nationwide criminal background check through Group One. Information about obtaining a nationwide criminal background check will be given during orientation.
3. A drug screen for clinical experiences will be required through Surscan after the fall or spring semester begins.
4. Textbooks may be purchased through the Langston University Bookstore.
5. A complete current immunization record indicating freedom from tuberculosis, proof of MMR, varicella, hepatitis, and tetanus immunizations. (All clinical agencies require current immunizations.) You will **NOT** be allowed to enroll without an up to date immunization record on file. See Permission To Enroll information sheet.
6. Provide own transportation to clinical facilities and class.
7. Maintain a current American Heart Association CPR Basic Cardiovascular Life Support (BCLS) for the health care provider.
8. Your **Application** must be received on or before or postmarked by **March 1st** for fall admission to Langston and Tulsa Campuses to:

Langston University School of Nursing (Langston Campus)
ATTN: Admissions Committee
215 Allied Health Center, Langston, OK 73050
or

Langston University School of Nursing (Tulsa Campus)
ATTN: Admissions Committee
700 Greenwood, Tulsa, OK 74106

9. Your **Application** must be received on or before or postmarked by **October 1st** for the spring to the address above.

Langston University School of Nursing APPLICATION FOR FALL/SPRING ADMISSION

PLEASE PRINT OR TYPE & SIGN THE APPLICATION

Date:	University ID #:		
Last Name	First Name	Middle Name	Maiden Name
Home Phone:	Work Phone:	Cell Phone:	
Current Address:			
Permanent Address:			
OK Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Other Citizenship:		
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location of high school education.		
TOEFL Score is required if secondary education was in a school outside of the United States.			
Person to notify in an emergency: (Please give name, complete address and phone number)			

List all colleges, universities or other schools attended including Langston University: (attach additional paper if needed)

Institution	City/State	Date Attended	Diploma/Degree
		to	
		to	
		to	

Have you ever attended ANY school of nursing YES NO? If YES, please complete the information below:

Institution	City/State	Date Attended	Reason Left
		to	
		to	
		to	

1. **Have you ever previously applied to the Langston University School of Nursing?** Yes No
If so when? _____.
2. Have you been previously admitted to an RN program? Yes No
3. Have you ever been admitted to a nursing program? Yes No
4. Are you licensed as a **RN** or **LPN** License # _____. What State? _____
Year of licensure? _____
5. Are you applying for the **LPN to RN** program Yes No

Applicant Name: (Print) _____
Applicant Signature: _____

Date: _____

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