School of Nursing Applicant  
FROM: Teressa Hunter, PhD, RN,  
Dean, School of Nursing  
RE: General Information-Fall Admission for Langston and Tulsa Campuses and Spring Admission for Tulsa Campus

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 between January 1 and March 1. For spring admission to Tulsa Campus only, you must submit the documentation between September 15 and November 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 nation outside of the United States.
3. HESI A2 Score.

**4. 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 1** for fall admission to Langston and Tulsa Campuses to:
   Langston University School of Nursing (Langston Campus)  
   ATTN: Admissions, Progression and Graduation Committee  
   P.O. Box 1500, 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 November 1** for the spring to the address above.

Revised F/16
# Langston University School of Nursing

**APPLICATION FOR FALL/SPRING ADMISSION**

Please print or type & sign the application.

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Current Address:

Permanent Address:

OK Resident? [ ] YES [ ] NO

U.S. Citizen? [ ] YES [ ] NO

Other Citizenship:

Location of Secondary (high school education):

TOEFL Score if secondary education was in a nation outside of the United States.

HESI A2 Score. (www.prometric.com) For information please contact E. Godwin at (405) 466-3415 or emgodwin@langston.edu

**Person to notify in an emergency:** (Please provide name, complete address and phone number)

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

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

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1. **Have you ever previously applied to the Langston University School of Nursing?** [ ] Yes [ ] No If so when? ________.

2. Have you ever been admitted to a nursing program? [ ] Yes [ ] No

3. Are you licensed as a **RN** [ ] or **LPN** [ ] License #________ Which State? _______

Year of licensure? ______

4. Are you applying for the **LPN** to **RN** program [ ] Yes [ ] No

Applicant Name: (Print) ____________________________

Applicant Signature: ______________________________

Date: ________________ Revised F/16