

# TROY UNIVERSITY SCHOOL OF NURSING

## APPLICATION FOR ADMISSION TO BSN PROGRAM

**Please submit all application materials to:**  
**Troy University School of Nursing**  
**BSN Admissions**  
**400 Pell Avenue**  
**Troy, AL 36082**

**(PLEASE PRINT)**

**Date:** \_\_\_\_\_

Term and year for which you are applying:    Term:    Fall: \_\_\_\_\_    Spring: \_\_\_\_\_    Year: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ SSN# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home hone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you currently enrolled at Troy University? \_\_\_\_\_ If yes, are you enrolled **full-time** (12 hrs. or more) \_\_\_\_\_ or **part-time** \_\_\_\_\_?

If you are currently enrolled at Troy University, how many credit hours did you transfer to Troy University? \_\_\_\_\_

If you are not currently enrolled at Troy University, from what school will you be transferring? \_\_\_\_\_

High School attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**Education experience** (You must list all universities/colleges from which you earned college credit **including Troy University.**):

| NAME OF SCHOOL | CITY AND STATE | DATES ATTENDED |
|----------------|----------------|----------------|
|                |                |                |
|                |                |                |
|                |                |                |
|                |                |                |
|                |                |                |
|                |                |                |
|                |                |                |

Person to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Home Address: \_\_\_\_\_

I hereby affirm that all information supplied in these blanks is **complete and accurate**. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. As a condition of admission, I further agree to comply with all policies and procedures relative to assessment and evaluation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about the application procedure, please contact the BSN Office at Troy University, School of Nursing, BSN Admissions, 400 Pell Avenue, Troy, Alabama 36082 / (334) 670-3428 / [tadams110587@troy.edu](mailto:tadams110587@troy.edu).

## Preference of Home Campus Site

Students choosing Dothan as a home campus will also be required to travel to the Troy Campus for some courses, testing, and lab experiences each semester.

Please indicate one preference for a designated home campus site.

Troy Main Campus Only

Dothan Campus Only

Troy or Dothan Campus

**Please circle one preference**

I understand that home campus preference is not guaranteed and that regardless of my home campus site. I may be required to travel to the Troy main campus throughout the clinical nursing sequence for various testing, lab, and simulation experiences. I also understand that once I choose a home campus I will not be allowed to change to the other campus site.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Troy University School of Nursing – Baccalaureate Program**  
**INSTRUCTIONS FOR APPLICATION**  
**READ THE INFORMATION BELOW AND SIGN AT BOTTOM OF PAGE.**  
**READ CAREFULLY!**

**1. APPLICATION FOR ADMISSION TO TROY UNIVERSITY**

Students who are not currently enrolled at TROY must first apply and be accepted to the university. You may receive an application to TROY by contacting the Admissions Office at (334) 670-3179, or you may apply online at <http://www.troy.edu/admissions/>.

**2. APPLICATION FOR ADMISSION TO SCHOOL OF NURSING BSN PROGRAM**

This form should be completed accurately and returned to: Troy University, School of Nursing, BSN Admissions, 400 Pell Avenue, Troy, Alabama 36082. Applications are accepted beginning February 1 and must be postmarked no later than midnight March 15 to be considered for fall admission. Applications are accepted beginning August 1 and must be postmarked no later than midnight September 15 to be considered for spring admission. Applications postmarked after these dates, or applications not accompanied by an academic evaluation and official transcript(s) will not be considered.

**3. ESSAY REQUIREMENT FOR ADMISSION TO SCHOOL OF NURSING BSN PROGRAM**

Students must submit an admission essay along with the application and fee. The essay will provide an opportunity to explain any extenuating circumstances that may add value to your application. Describe the qualities you believe make a good nurse and explain why. You may also want to explain valued experiences you may have had that relate to nursing. The essay is not meant to be a listing of accomplishments or a record of your participation in school-related activities. Rather, this is your opportunity to address the admission committee directly and to let us know more about you as an individual. The essay should be maximum two pages typed, double-spaced in Times New Roman, 12 Font. Essays will be reviewed for content, grammar, punctuation, and logical flow of ideas.

**4. OFFICIAL TRANSCRIPTS**

Students must submit official transcripts from all colleges and universities including Troy University. It is the student's responsibility to have ALL of his/her transcripts from all colleges/universities attended forwarded to the TROY Admissions Office prior to requesting a BSN Academic Evaluation AND have a second set of official transcripts forwarded to the BSN Nursing Office. (UNOFFICIAL TRANSCRIPTS ARE NOT ACCEPTABLE.)

**5. ACADEMIC EVALUATION**

**Students CURRENTLY ENROLLED at TROY with at least 12 hours of Troy credit** will need to obtain an official Undergraduate Academic Evaluation from the Academic Evaluation Center, a division of the University Records Office. If you have requested and received an OFFICIAL evaluation within the last year, you may print your evaluation from Web Express; this is the only exception. Requests for evaluations are made through the Troy University Records Office website at <https://www.troy.edu/academics/academic-resources/records-office/academic-evaluation-center/request-for-official-evaluation-major-change.html>. **When requesting evaluations, please choose Troy as your home campus regardless of the campus you are currently enrolled.** Evaluations are processed in the order received and will take 3 to 6 weeks to complete, so please request your evaluation early.

**Students who TRANSFERRED this semester and students who are TRANSFERRING from other colleges/universities** must submit a written request to the Academic Evaluation Center, a division of the University Records Office, to the attention of Ms. Shannon Grissette. Requests can be faxed to (334) 670 – 3027 or emailed to [sgrissette@troy.edu](mailto:sgrissette@troy.edu). Written requests must include copies of transcripts. These transcripts may be unofficial as long as the name of the institution appears in an official form on the document. Evaluations are processed in the order received and will take 3 to 6 weeks to complete, so please request your evaluation early.

**6. APPLICATION FEE**

BSN Application must be accompanied by a \$20.00 Application Fee. Check or Money Order should be made payable to Troy University. NO CASH or credit card payments will be accepted. No refunds allowed.

**7. BSN TRANSFER STUDENTS**

If you have been admitted to or will be transferring from another school of nursing, you must submit a letter from the dean/department chair of that school stating your eligibility to continue in the school. Students attempting to transfer credit from another school of nursing who are not or were not eligible to continue in the nursing program in which they are/were enrolled are not eligible for admission to Troy University's BSN Program unless they first complete an accredited associate degree program and are registered nurses.

**8. NOTIFICATION TO APPLICANTS**

**Applicants will be notified by mail of their admission status 4-6 weeks after the application deadline. No one** can verbally promise you a space, or acceptance into the BSN Program. Official letters will be mailed as soon as possible from the TROY BSN Admissions and Progression Committee. Unsuccessful candidates must reapply if they desire consideration for a future class.

**PLEASE DO NOT CALL THE BSN 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 May (for fall applicants) or the last day of November (for spring applicants).

I understand that if the School of Nursing does not receive (1) a written application, (2) a current BSN Academic Evaluation, (3) official transcript(s), (4) essay and (5) \$20 application fee on or prior to March 15 for fall admission or September 15 for spring admission, I will not be considered for the next BSN class. Also, BSN Transfer Students must include letter from previous/current School of Nursing for application to be complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Satisfactory Completion of ALL General Studies Requirements for BSN Program  
and Grade Point Average Requirement**

This form MUST accompany the TROY Application form for admission to the BSN Program. All students seeking admission to the TROY BSN Program are required to sign this form in order for their application to be considered by the BSN Admissions Committee.

If you have not completed all general studies courses at this time, please provide us with the courses you are currently enrolled in or will be completing prior to starting the professional nursing course sequence. Please use an additional sheet, if necessary.

| Remaining General Studies Course | Name Of School | Semester |
|----------------------------------|----------------|----------|
|                                  |                |          |
|                                  |                |          |
|                                  |                |          |
|                                  |                |          |
|                                  |                |          |

I understand that **ALL** General Studies Requirements for the BSN Program must be satisfactorily completed **before** I begin the professional nursing course sequence (NSG 3313/3314). Therefore, if I am unsuccessful in a course in which I am enrolled the term prior to entering NSG 3313/3314, or if I fail a CLEP examination the term prior to entering NSG 3313/3314, I understand that **I CANNOT** enter NSG 3313/3314, and must apply and be accepted again to the TROY BSN clinical sequence before I will be permitted to enroll in NSG 3313/3314.

I also understand that my overall cumulative grade point average (GPA) must be at least 2.5/4.0 **AT THE TIME OF APPLICATION** in order to be considered eligible to acceptance to the professional nursing course sequence. If my GPA is not 2.5 or higher at the time of application, or does not remain 2.5 or higher through the last term prior to the beginning of my professional nursing course sequence, I will not be allowed to enter NSG 3313/3314 and must reapply and be accepted again to the TROY BSN clinical sequence before I will be permitted to enroll in NSG 3313/3314. I understand that admission is competitive and a 2.5 GPA does not guarantee admission to the program.

I UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES OUTLINED ABOVE WITHOUT EXCEPTION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions, please contact the BSN office at 334-670-3428.

**\*BASIC REQUIREMENTS FOR REGISTERED NURSE LICENSURE IN THE STATE OF ALABAMA**

- (1) The applicant must be a high school graduate or equivalent, as determined by the board.
- (2) The applicant must be of good moral character. A criminal background check may be conducted by the Board at its discretion.
- (3) The applicant shall have successfully completed all requirements for graduation from an approved registered nursing program in Alabama, or an approved registered nursing program located in another jurisdiction or territory that substantially meets the same educational criteria as Alabama programs. Licensure by equivalently does not meet the requirement.
- (4) The applicant shall provide a valid social security number prior to the Board issuing a license.
- (5) The applicant must be a citizen or legal resident of the United States. Individuals who are not legally present in the United States are not eligible for licensure.

While an applicant may meet the above qualifications, final approval to take the licensure examination and become licensed in Alabama is subject to action by the Board of Nursing.

\*For details refer to the current Alabama Board of Nursing Administrative Code.

**POLICY STATEMENT**

All programs, policies, procedures and activities conducted by and through Troy University, its employees, students, contractors and subcontractors shall be conducted without regard to age, sex, mental or physical disability (except where age, mental or physical disability, or sex involves a bonafide occupational qualification), national origin, race, color, creed, sexual orientation, ancestry, genetic information/testing, marital status, political or religious affiliations, beliefs or opinions. The University fully complies with the following: Civil Rights Act of 1964 and its amendments; Federal Executive Order 11246; Educational Amendments of 1972 and 1974; the Vietnam Era Veterans Readjustment Assistance Act of 1972; Age Discrimination Act of 1975; Family Educational Rights and Privacy Act of 1974; and the Uniformed Services Employment and Reemployment Rights Act of 1994.

Disclosure of a student’s social security number is voluntary and not mandatory and this University is authorized under Federal Law to enroll non-immigrant alien students. The University complies with guidelines and regulations established by the Department of Health and Human Services and the Food and Drug Administration of the United States Government.