

COLORADO MESA UNIVERSITY
Department of Health Sciences
Application for LPN-BSN Program

Please Note: This application MUST be submitted via *.pdf* format (ONLY): healthscience@coloradomesa.edu by September 15.

Full legal name: _____
Last First Middle Initial Maiden Name

CMU ID No. _____ **CMU email (required):** _____@mavs.coloradomesa.edu
(This is the email address that will be used to contact you for anything regarding your application)

Mailing address: _____

Phone number with area code: () _____ City Cell: () _____ State Zip

Are you a current Colorado Mesa University student? Yes No

There are TWO sites for this program: Grand Junction campus and Montrose campus.

Please mark your first choice of site you wish to attend here: Grand Junction Montrose

Please mark "Yes" if you are willing to attend EITHER site here: Yes No

Have you applied to the CMU LPN-BSN program before? Yes No If yes, which semester: _____

LPN Licensure—provide proof with application License # Expiration Date

IV Certification—provide proof with application Cert # Expiration Date

Nursing school attended _____
Name of School Complete Address City State Zip

Date Graduated _____ State Approved Program Yes No

Is your nursing license currently under suspension, revocation, probationary status, or subject to disciplinary proceeding or inquiry? Yes No

If yes, please explain:

Testing: Additional testing may be required if applicant has been out of LPN school for 10 years or more.

Required Prerequisites					
All courses listed below must be completed by the end of the semester you are applying.					
CMU Course Number	Course Title	Final Grade (IP if in-progress)	Taken at CMU	Transfer to CMU	Notes
BIOL 209	Human Anatomy and Physiology I				Course #/Name:
					School:

BIOL 209L	Human Anatomy and Physiology I Lab				Course #/Name:
					School:
BIOL 210	Human Anatomy and Physiology II				Course #/Name:
					School:
BIOL 210L	Human Anatomy and Physiology II Lab				Course #/Name:
					School:
BIOL 241	Pathophysiology				Course #/Name:
					School:
Natural Sciences course with Lab	Any Natural Sciences Course with Lab (Microbiology is recommended)				Course #/Name:
					School:
ENGL 111	English Composition				Course #/Name:
					School:
ENGL 112	English Composition				Course #/Name:
					School:
ESSL 200	Essential Speech				Course #/Name:
					School:
ESSL 290	Maverick Milestone				Course #/Name:
					School:
ESSL	Fine Arts				Course #/Name:
					School:
ESSL	History				Course #/Name:
					School:
ESSL	Humanities				Course #/Name:
					School:
ESSL	Natural Science				Course #/Name:
					School:
KINA 1XX	Activity Course				Course #/Name:
					School:
KINE 100	Health and Wellness				Course #/Name:
					School:
MATH 110 or higher	College Mathematics				Course #/Name:
					School:
Social and Behavioral Sciences	Any Social and Behavioral Sciences Class				Course #/Name:
					School:
					Course #/Name:

PSYC 233	Human Growth and Development				School:
					Course #/Name:
STAT 200 or 215	Probability & Statistics or Statistics for Social/Behavioral Sciences				School:

Healthcare Experience: (If student has proof of working as an LPN at some point within 6 months of application to the LPN-BSN program, student will receive extra points in the admission process. Proof of employment is required to receive extra points.) Examples of proof documents: employer paystub, letter from employer on official letterhead.

Dates employed		Name and location where employed	Duties (briefly)
From	To		

The admissions committee reserves the right to select the applicants who shall be admitted. Acceptance is contingent upon receipt of ALL required application materials by email by the Department of Health Sciences and the completion of all essential learning and prerequisite requirements. Maintaining acceptance in the LPN-BSN program is contingent upon passing a background check and drug screen.

This application must be received by the Department of Health Sciences no later than **September 15** for admission consideration to the LPN-BSN Nurse Program.

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to, transcripts and transcript evaluations from the Office of the Registrar.

Applicant Signature (electronic submission via CMU e-mail address indicates personal signature)

Date