

**Emporia State University**  
**Department of Nursing**  
*Application for Admission to the Nursing Major*

Date \_\_\_\_\_, 20 \_\_\_\_\_

Applying for admission for **SPRING 2024 ONLY**

**(If you are not applying for the Spring 2024 semester, a new application will be available after September 15, 2023)**

Have you been accepted for admission to Emporia State University? \_\_\_\_\_

**What is your E number?** \_\_\_\_\_

**Do not submit this form unless you have been accepted by ESU and have an E number.**

Are you requesting to transfer nursing course credit from another nursing program? \_\_\_\_\_

Your country of origin? \_\_\_\_\_

Are you an international student? \_\_\_\_\_

Are you a non-native speaker of English? \_\_\_\_\_

If you are a Licensed Practical Nurse, what is your license number? \_\_\_\_\_

*Please type or print*

1. Legal Name \_\_\_\_\_  
*Last* *First* *Middle* *(Maiden)*

Last 4 digits of social security number \_\_\_\_\_

Other names by which previously known \_\_\_\_\_

Date of birth: \_\_\_\_\_

**ADMISSION STATUS LETTERS WILL BE SENT TO THE PERMANENT ADDRESS UNLESS OTHERWISE INDICATED.**

2. Current Address \_\_\_\_\_  
*Number & Street* *Apt #* *City* *County* *State* *Zip*

Current Home/Cell Phone \_\_\_\_\_ Current Work Phone \_\_\_\_\_

3. Permanent Address \_\_\_\_\_  
*Number & Street* *Apt #* *City* *County* *State* *Zip*

How long at permanent county of residence? \_\_\_\_\_ County of previous residence \_\_\_\_\_ How long? \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. List all colleges and universities (including ESU and current enrollment)

<i>Name of school</i>	<i>City</i>	<i>State</i>	<i>Dates Attended</i>	<i>Area of Study</i>	<i>Diploma/ Degree</i>
_____	_____	_____	<i>to</i> _____	_____	_____
_____	_____	_____	<i>to</i> _____	_____	_____
_____	_____	_____	<i>to</i> _____	_____	_____
_____	_____	_____	<i>to</i> _____	_____	_____

For courses not taken at ESU: Send transcripts to:

**Office of the Registrar  
Emporia State University  
1 Kellogg Circle  
Emporia, KS 66801-2523**

7. Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Has disciplinary action ever been taken or is such action pending on any license or certificate that you hold in Kansas or any other state, territory, country, or governmental agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you answered Yes to either of these questions, please explain in an accompanying letter.**

Additional information may be requested as required by the Kansas State Board of Nursing. Be advised that by current Kansas law the Kansas State Board of Nursing may discipline or refuse licensure to applicants with certain arrests, misdemeanors, and felonies. For more information, contact the state board of nursing in the state where you intend to practice. The Department of Nursing reserves the right to refuse admission or progression to an applicant or student who has been convicted as a felon, crimes against person, or has otherwise committed offenses inappropriate for a nurse. Individuals convicted of a felony crime against person WILL NOT be licensed in Kansas. (Please refer to the current Kansas Nurse Practice Act for complete information related licensure and licensure denial at <http://www.ksbn.org/npa/npa.pdf>)

8. Person to be notified in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
*Number & Street City State Zip*

9. Answer the following questions. If necessary, you may use extra paper.

- A. *What are your reasons for choosing professional nursing as a career?*
  
- B. *If you are making a complete change of educational goals or career, please explain.*
  
- C. *Is there anything in your academic record which needs explaining (e.g., incompletes, grades, withdrawals, poor semester, pass/fail scores)?*
  
- D. *If you are currently enrolled or taking college courses, please list the school and the courses in which you are enrolled.*
  
- E. *Applicants need to complete a written request for special consideration if taking summer school courses as per the admission policies. In the letter, please include the school and list courses. Please be specific. (Applies to fall applicants only)*
  
- F. *Describe how you have demonstrated commitment to yourself and/or others in your life.*
  
- G. *Describe how you have shown compassion to others in your life.*
  
- H. *Describe how you have demonstrated leadership skills and abilities in your life.*
  
- I. *Describe the strengths/assets you feel you would bring to the profession of nursing.*
  
- J. *Describe any commitments that might conflict with the demands of the nursing program.*

**AN APPLICATION FEE OF \$25.00 MUST BE SUBMITTED WITH THIS FORM. (Checks, money order, or cash only. Checks or money orders made payable to the ESU Department of Nursing). THE APPLICATION FEE IS NOT REFUNDABLE.**

**STUDENTS MUST INCLUDE A COPY OF THEIR TEAS SCORES WITH THEIR APPLICATION TO THE DEPARTMENT OF NURSING BY THE SEMESTER APPLICATION DEADLINE DATE.**

**It is the applicant's responsibility to be certain that all application materials (application form, application fee, TEAS results, and transcripts) have been received by the Department.**

Each qualified applicant is considered individually without regard to age, race, color, religion, gender, national origin or ancestry, sexual orientation, disability, protected Veteran status, or other factors which lawfully cannot be considered. The University is an equal opportunity institution.

The Department of Nursing serves the right to refuse admission or progression to an applicant or student who cannot meet, with reasonable accommodations, the functional abilities to practice safely and effectively as defined by the National Council of State Boards of Nursing, Inc. (1996).

If you have questions or concerns, please contact the ESU/Department of Nursing office, 620-341-4440.

**Application Deadline (Application must be received by the Department of Nursing, regardless of postmarked date, by the following dates below):**

- **March 1st for fall (August) admission**
- **September 1st for spring (January) admission**

**Be sure that you complete all components of the ESU/Department of Nursing "application procedure" as directed in the ESU/Department of Nursing Admission Policies.**

**Your TEAS scores must be available by March 1st (fall admission) or September 1 (spring admission). Your transcripts from other institutions must be available to the Admissions Committee. It is your responsibility to ensure they have been submitted to, accepted by, and entered by the Office of Registration at ESU.**

**Submit this completed application form and fee to:**  
***ESU/Department of Nursing***  
***Cora Miller Hall***  
***1127 Chestnut Street***  
***Emporia, KS 66801-2523***