



GEORGIA STATE UNIVERSITY
BYRDINE F. LEWIS SCHOOL OF NURSING AND HEALTH
PROFESSIONS

SELF-MANAGED APPLICATION INSTRUCTIONS

Please Note

This is your opportunity to show the committee that reviews your application for the Nursing Program admissions your organizational skills and how well you follow directions. Possessing these attributes is crucial for students in the nursing program. Read these instructions carefully before you begin preparing the applications; follow the instructions throughout the application process.

We encourage you to maintain your own records by photocopying completed applications and requesting duplicate copies of recommendation letters.

If you have questions about the application instructions, please call the Office of Academic Assistance for the Byrdine F. Lewis School of Nursing and Health Professions at (404) 413-1000 (8:30 - 5:15, Monday -Friday) or write to us. All correspondence and completed application packets should be mailed or delivered to:

**Office of Academic Assistance for the
Byrdine F. Lewis School of Nursing and Health Professions
Georgia State University
PO Box 3995
Atlanta, GA 30302-3995**

Self-Managed Applications

The Byrdine F. Lewis School of Nursing uses a self-managed application for admission to its undergraduate. This means that it is your responsibility to prepare or collect all forms, applications and credentials, then submit them at one time to the Office of Academic Assistance.

A self-managed application requires appropriate planning on your part to allow time for you to prepare the applications properly and collect all of your recommendation letters. This process, however, also gives you, the applicant, control over when your application is complete. It eliminates the concern over lost or misdirected applications, recommendation letters or any other application materials. You can check your application status at <https://webdb.gsu.edu/applicantstatus/?refresh=true> .

Transfer Nursing Application Requirements

A **complete** transfer nursing application packet includes an application transfer application cover sheet, two letters of recommendation, an essay, letter of good standing, nursing syllabi and unofficial transcript(s) (if applicable). Please refer to our website at <http://nursing.gsu.edu/325.html> for a complete list of specifications. Application materials **must** be submitted together in one complete packet. The application must be received by the nursing application deadline for consideration. The Test of Essential Academic Skills must also be taken as a part of the application process by the application deadline. Test scores are good for one year only, however test version is subject to change.

Your nursing application will not be considered for admission until you have been accepted by Georgia State University as a degree-seeking undergraduate student. If you have applied to Georgia State as a post-baccalaureate or graduate student, you must contact the Office of Admission to change your

status to degree-seeking undergraduate.

Note: You must be accepted into Georgia State by the nursing application deadline to be considered. The average processing time to the University normally takes 6 to 8 weeks, however it could take longer.

Do not submit an incomplete admission packet. Incomplete packets will not be considered for admission.

Application Deadlines

The deadline for Fall admissions is **MARCH 1st**. We begin accepting applications for fall, NOVEMBER 1st – MARCH 1st.

The deadline for Spring admissions is **OCTOBER 1st**. We begin accepting applications for spring admissions JUNE 1st – OCTOBER 1st.

Checklist for Students Applying to the Byrdine F. Lewis School of Nursing as a Transfer

I have:

1. Applied and understand that I must be accepted into Georgia State University as degree seeking by the nursing application deadline to be considered. Otherwise, I am an active GSU student.
2. Viewed the list of prerequisites needed for the program and acknowledge that I will have **ALL** prerequisites completed by the start of program to be considered.
3. Included my **Transfer Track Nursing Application Coversheet** completely filled out.
4. Included with my completed application packet, my two **Letters of Recommendation (one academic and one professional)** in a sealed envelope with the recommender's signature across the seal.
5. Included a two-page (maximum), typed written **Essay** on a social or healthcare related issue as well as included a work cited page along with my completed application packet.
6. _____ Included my **Letter of Good Standing** by the Program Director or Dean of my current or previous nursing program.
7. Included all my **Syllabi** from any nursing or health science courses: nutrition, pathophysiology, pharmacology, human health and development, etc. Syllabi should contain theoretical and clinical objectives as appropriate.
8. _____ Taken or plan to take the TEAS by the nursing application deadline. I am also aware that scores are only good for one year, however test version is subject to change.
9. Mailed or delivered my application by the nursing application deadline: **Fall is March 1st and Spring is October 1st.**



Georgia State University

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APPLICATION FOR TRANSFER INTO THE BYRDINE F. LEWIS SCHOOL OF NURSING AND HEALTH PROFESSIONS

This form is to be completed by students who have begun upper-level nursing courses in a nursing program at one school, and wish to transfer into the bachelor's degree nursing program at Georgia State University.

I WANT TO TRANSFER INTO THE: Traditional program ACE program Both (either option)

SEMESTER I AM APPLYING FOR: YEAR _____ SEMESTER (check one) ___ FALL ___ SPRING

TEST OF ESSENTIAL ACADEMIC SKILLS (TEAS) TEST DATE: _____

(The BFLSON will not review multiple scores. Please indicate the date of the test you would like to be reviewed with your application.

NOTE: We will only administer and accept the TEAS exam. However, it is very important that you visit our website to be aware of the correct version required before submitting your nursing application).

Nursing Application Requirements:

- A complete nursing application includes an transfer application cover sheet, two letters of recommendation, essay, letter of good standing, nursing syllabi and TEAS exam. Please refer to our website at <http://nursing.gsu.edu/325.html> for a complete list of specifications and prerequisites. Application materials must be submitted together in one complete packet. The application must be received by the nursing application deadline for consideration. The Test of Essential Academic Skills must also be taken as a part of the application process by the application deadline. Test scores are good for one year only, however test version is subject to change.
- Your nursing application will not be considered for admission until you have been accepted by Georgia State University as a degree-seeking undergraduate student. If you have applied to Georgia State as a post-baccalaureate or graduate student, you must contact the Office of Admissions to change your status to degree-seeking undergraduate.

Note: You must be accepted into Georgia State by the nursing application deadline to be considered.

STUDENT INFORMATION

Name _____

Permanent Address _____

(all correspondence will be sent to this address) STREET OR PO BOX CITY STATE ZIP

Home # _____ Work # _____ Cell# _____

Email _____ (must state a valid email address) Panther ID # _____

EDUCATION

Do you have a degree? (check) NONE ASSOCIATE'S BACHELOR'S MASTER'S DOCTORAL

Institution from which you earned your highest degree _____

Major _____

College or University (of the program you are transferring from) _____

NAME OF COLLEGE OR UNIVERSITY

CITY AND STATE

DATES ATTENDED

What courses are you currently taking or will take before the semester in which you are applying?

Course Prefix and Number	Course Title	Semester/Quarter Taken

RECOMMENDATION LETTERS / LETTER OF GOOD STANDING

Name of Reference #1: _____ Name of Reference #2: _____

Name of Dean or Director of Current Nursing Program: _____

GENERAL INFORMATION

Do you know a foreign language? NO YES

If so, which language(s)? _____

Have you ever worked in a health related field? NO YES

If so, list which field(s) and give a brief description of the job(s).

May we contact your current or most recent employer? NO YES
If yes, please list the name, address, and telephone number of the employer.

ESSAY QUESTIONS (Please write/type in the space provided for the following questions.)

Please state how you first became interested in the Byrdine F. Lewis School of Nursing at Georgia State, and why you wish to pursue a career in nursing.

Why are you considering a transfer from your current nursing program?

Please be aware that when you apply to sit for the nursing licensure examination (NCLEX) upon graduation, you will be asked to respond to a question regarding any violations of federal, state, or local law. You may be required to provide documentation to the board in the state of Georgia explaining any such occurrence. The Georgia Board of Nursing has the exclusive authority to issue a license for the Registered Professional Nurse and could decline to issue such a license based on an applicant's prior criminal record. For further information regarding this requirement, please contact the Georgia Board of Nursing or any other state licensing board where practice is contemplated.

By signing below, I hereby request consideration for acceptance into the Byrdine F. Lewis School of Nursing. I understand admission is based on space availability and completion of this Application form does not guarantee admission to the program. Entrance is based on a point system. Students with higher points are given preference.

SIGNATURE _____ **DATE** _____

MAIL TO: Office of Academic Assistance, College of Health and Human Sciences, BS Nursing, Georgia State University, PO Box 3995, Atlanta, GA 30302-3995.
OR DELIVER TO: 811 URBAN LIFE BUILDING