

Undergraduate Traditional Student Nursing Program Checklist

During the first meeting with my advisor, I acknowledge the following FHSU BSN application and program requirements:

- Earn a cumulative grade point average (GPA) of at least **3.0** in all university course work including transfer courses. I acknowledge that my GPA at the time of application (February 1 or September 1) is used for application ranking.
- Earn a score of **68% or higher** on the Kaplan Nursing Admission Test (KNAT) exam. Limit of two attempts. A third attempt is allowed at least five months from the date of the second attempt. No additional attempts after the third attempt. I acknowledge that the first attempt score is used for application ranking and I will fully prepare myself for the test by using recommended resources and study time. The KNAT exam due date is March 1 or October 1. The KNAT form is obtained from my advisor.
- Earn a grade of “C” or above in all required prerequisite courses:
 - BIOL 230 Anatomy & Physiology I
 - BIOL 230L Anatomy & Physiology I Lab
 - BIOL 231 Anatomy & Physiology II
 - BIOL 231L Anatomy & Physiology II Lab
 - BIOL 240 Microbiology
 - BIOL 240L Microbiology Lab
 - COMM 100 Oral Communication
 - ENG 101 English Composition I
 - ENG 102 English Composition II
 - HHP 230 Principles of Nutrition
 - MATH 110 College Algebra
 - MATH 250 Elements of Statistics
 - PSY 100 General Psychology
 - TEEL 231 Human Growth & Development
- Complete additional program requirements (CHEM 110 Molecules & Society & PHIL 330 Bioethics) prior to anticipated graduation with a grade of “C” or above.
- Complete all General Education requirements, as outlined by my advisor, prior to anticipated graduation.
- Hold a current American Heart Association for Healthcare Providers CPR certificate.
- Have Certified Nurse’s Aide (CNA) course completion.
- I acknowledge I must submit the appropriate BSN Application to the Department of Nursing by September 1 (Spring semester) and February 1 (Fall semester).
- I acknowledge that if accepted into the BSN program, I will complete a background check & drug test according to CastleBranch requirements.
- I acknowledge that if accepted into the BSN program, I will submit verification of student nurse liability insurance, personal health insurance (group share plans are not accepted), physical exam, and immunizations (MMR x 2, Hep B x 3, Varicella x 2, Influenza yearly, Tdap within 10 years, negative TB skin test yearly).

Professional Advisor Signature: _____

Student Signature: _____

Date: _____

Cc: Student; Student file