

Lewis-Clark State College Nursing & Health Sciences Division 500 8th Avenue Lewiston, ID 83501 Phone: (208) 792-2688 www.lcsc.edu/nursing

Prior

Name

CC to BSN Track Application BACHELOR OF SCIENCE IN NURSING PROGRAM

Incomplete applications will be returned.

Middle Name

First Name

PERSONAL INFORMATION

Last Name

LCMail Address					LCSC Student I.D. Number					
How did y	ou hear about our progra	am?								
NURSING	PROGRAM									
Coll	ege or University	City and State			Dates of Attendance Started Completed			Degree (e.g., AA, AS, AAS)		
Bachelor's d	legree or higher held? $\ \square$	Yes □ No	College/Univ	versity awar	ding:					
PREREQUIS	SITE COURSE									
Course	College or University	Prefix & Course #	Credit Hours	Nar	Name of Course		Semester/Year Taken		Grade (write "IP" if currently in progress)	
Statistics										

Conditions of Enrollment

Carefully read the Conditions of Enrollment and sign below:

- All Idaho General Education Core requirements must be completed prior to program admission. These requirements will be reviewed upon submission of this application.
- I understand the curriculum plan for the CC-BSN Track must be followed without deviation, and deviating from the plan will result in my being removed from this track.
- I understand in most cases credits for prior learning (<u>Escrow Credits</u>) will need to be awarded to meet graduation requirements. An administrative fee of \$20/credit is charged towards the end of the program for each Escrow Credit.
- I understand that I must remain in good standing in my Associate degree in nursing program. If the status of my standing changes, I understand I must notify my advisor immediately, and this may impact my ability to remain in the CC-BSN Track and/or completing BSN coursework.
- All courses must be passed with a grade of C (2.0) or better. Please refer to the <u>NHS Student Handbook</u> for more information.
- NU 442 and NU 478 require a volunteer service-learning component, and some agencies require a background check and/or other requirements for volunteer service. I understand it is my responsibility to ensure these requirements are met. I understand that any expenses incurred to meet these requirements, including travel to practicum sites, will also be my responsibility.
- I have read the <u>e-Learning Student Information</u> page, including the e-Learning Student Handbook. At the time of enrollment in the RN-BSN program, I will have access to a full desktop/laptop computer operating system that meets LCSC's minimum technology specifications and consistent, reliable access to a high-speed internet.
- I understand I must successfully complete my Associate's degree in nursing and pass the NCLEX before the BSN will be awarded.

Print Name	Signature	 Date
NHS Student Handbook.	understand this application in its entirety, the	Conditions of Enrollment above and the