

Emporia State University
Nursing
Application for Admission to the Nursing Major

Date _____, 20 _____

Applying for admission for **SPRING 2025 ONLY**

(If you are not applying for the Spring 2025 semester, a new application will be available after December 1, 2024)

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? _____

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>
_____	_____	_____	_____ to _____	_____	_____
_____	_____	_____	_____ to _____	_____	_____
_____	_____	_____	_____ to _____	_____	_____
_____	_____	_____	_____ to _____	_____	_____

For courses not taken at ESU: Send official 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. ESU 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. *Is there anything in your academic record which needs explaining (e.g., incompletes, grades, withdrawals, poor semester, pass/fail scores)?*

- C. *If you are currently enrolled or taking college courses, please list the school and the courses in which you are enrolled.*

- D. *Are you requesting special permission to take courses over the Summer? If so, please list the courses here.
(Fall applicants only)*

- E. *Describe how you have demonstrated leadership skills and abilities in your life.*

- F. *Describe the strengths/assets you feel you would bring to the profession of nursing.*

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 ESU Nursing).

THE APPLICATION FEE IS NOT REFUNDABLE.

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.

ESU 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 Nursing office, 620-341-4440.

Application Deadline:

- **Applications for each Fall cohort open December 2**
- **Our priority deadline is February 1**
- **Applications will be accepted through May 1 as space allows**

- **Applications for each Spring cohort open July 1**
- **Our priority deadline is September 1**
- **Applications will be accepted through December 1 as space allows**

Be sure that you complete all components of ESU Nursing “application procedure” as directed in the ESU Nursing Admission Policies.

Your transcripts from other institutions must be available to the Admissions Committee through ESU Degree Works. 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 Nursing
Cora Miller Hall
1127 Chestnut Street
Emporia, KS 66801-2523***