

**WVU School of Nursing**  
**WVU Tech Department of Nursing**  
**405 Fayette Pike**  
**Montgomery, WV 125136**  
**Phone: 304.442.3346 Fax: 304.442.3479**

Date Received _____
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**Requirements:**

Recent High School graduates: SAT of 1140 or higher or ACT composite score of 25 or higher and a GPA of 3.6

College students: a **minimum GPA of 3.0** on all college work attempted, completion of required prerequisite courses from any accredited college or university with a grade of C or better, and space available in the class

**Applications must be sent to WVU Tech Nursing Department with the following:**

- \_\_\_\_\_ Verification you have applied to WVU Tech Application online at [www.wvutech.edu](http://www.wvutech.edu)
- \_\_\_\_\_ All Official transcript(s) for each college attended—to WVU Tech Office of Admissions and Records, 405 Fayette Pike, Montgomery, WV 25136
- \_\_\_\_\_ ACT scores if not previously sent to WVU Tech
- \_\_\_\_\_ Nursing application –Deadline February 1
- \_\_\_\_\_ Plan of action for classes not completed on WVU Tech Nursing Pattern sheet (see [www.wvutech.edu/academics/bhs/nursing](http://www.wvutech.edu/academics/bhs/nursing) )

Please read instructions carefully. Type or print legible to minimize delays in processing your application.

**Social Security Number:** \_\_\_\_\_ **County:** \_\_\_\_\_  
(For internal use only. Will be kept confidential) County in which you live

1. **Name:** \_\_\_\_\_  
(Last) (First) (MI)

2. **If you enrolled under a different name at WVU Tech or another institution, please list all previous name(s) below.**  
\_\_\_\_\_

4. **Have you ever attended WVU Tech** \_\_\_ Yes \_\_\_ No. **If Yes, for which semester(s) and year?** \_\_\_\_\_

5. <b>Mailing Address:</b>	6. <b>Permanent Address: (list if different)</b>
_____ (Street) (Apt #)	_____ (Street) (Apt #)
_____ (City) (State) (Zip)	_____ (City) (State) (ZIP)

**Telephone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

7. **Name of person to contact in case of an Emergency:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_  
(Street) (Apt #)  
\_\_\_\_\_  
(City) (State) (Zip) **Telephone** \_\_\_\_\_

8. **Please indicate Year/Term for which you are applying:**

**Year:** \_\_\_\_\_

9. **Program: Baccalaureate Degree in Nursing**

10. **SEX:** \_\_\_\_\_ Male \_\_\_\_\_ Female      11. **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

12. **Citizenship Status:** \_\_\_\_\_ (01) U.S. Citizen  
\_\_\_\_\_ (02) Permanent Resident with Alien Card (Please enclose copy of both sides of card)  
\_\_\_\_\_ (03) Refugee  
\_\_\_\_\_ (04) \*Non-Immigrant/Other Visa Type (Specify Type) \_\_\_\_\_

\*Additional materials may be needed. Please contact the Office of Admissions and Records, International Unit (304.442.3151)

13. **Ethnic Group:** \_\_\_\_\_ (01) White, Non-Hispanic \_\_\_\_\_ (02) Black \_\_\_\_\_ (03) Hispanic \_\_\_\_\_ (04) Asian or Pacific Islander  
\_\_\_\_\_ (05) American Indian or Alaskan native  
**Country of Citizenship:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**ALL PREVIOUS EDUCATIONAL EXPERIENCE**

**14. List chronologically every college, university, high school or any other institution(s) you have attended. ALL institutions/colleges must be reported whether or not credit was earned to transfer credit(s) to WVU Tech. Where dates are called for, use month and year (Ex: Jan-1975). Please attach an extra sheet if necessary. All applicants must fully complete this area.**

Complete Name of Last High School or College City & State Last Year Attended

High School transcripts are required for non-WVU Tech applicants with less than 29 credits hours. All transcripts must be official and sent direct from each college attended to WVU Tech Office of Admission and Records, 405 Fayette Pike, Montgomery, WV 25136. **Transcripts marked "Issued to Student" and facsimiles will NOT be accepted.**

GPA	Name of College or High School	City & State	Attendance Dates		Degree Obtained (Expected)	Graduation Date
			From	To		

15. ACT Score \_\_\_\_\_ (E) \_\_\_\_\_ (M) \_\_\_\_\_ (R) \_\_\_\_\_ (S) \_\_\_\_\_ Composite

16. In what extracurricular, community or vocational activities did you participate while in secondary school/college (include offices held) \_\_\_\_\_

17. What honors did you receive while in secondary school/college (include honorary societies)? \_\_\_\_\_

18. Have you previously applied to this program?..... Yes \_\_\_ No \_\_\_ When \_\_\_\_\_

19. Have you ever been convicted of a felony charge involving substance abuse? ..... Yes \_\_\_ No \_\_\_

20. Have you ever been convicted of a felony? ..... Yes \_\_\_ No \_\_\_

21. Has any college, university, or professional school initiated disciplinary action because of conduct, academic performance, or substance abuse? ..... Yes \_\_\_ No \_\_\_

22. Has any certifying and/or licensing agency, authority, or board initiated sanctions, or disciplinary action including, but not limited to, probation, suspension, withdrawal, or denial because of conduct, professional performance, or substance abuse? ..... Yes \_\_\_ No \_\_\_

If the answer is "Yes" to any of the above questions, please explain.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. **Plan of Action:** Please list the courses you will complete during the current school year.

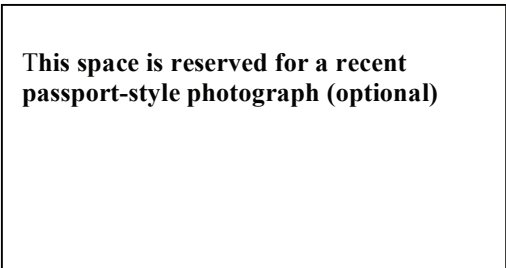
FALL			SPRING			SUMMER		
Course	College	Credit	Course	College	Credit	Course	College	Credit

I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate, and true to the best of my knowledge. Providing false information can lead to non-acceptance, the nullification of credit and/or dismissal.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

(Application will not be processed without signature)



## INFORMATION OF RESIDENCY

Are you applying as a WV resident? \_\_\_ Yes \_\_\_ No If yes, you must complete the following:

### COMPLETE THE SECTION IF YOU ARE CLAIMING RESIDENT TUITION CLASSIFICATION

If you are supported by your parent(s)/spouse, answer each of the following questions as it pertains to them. If you are financially independent, check here \_\_\_\_\_ and answer each of the following questions as it applies to you.

	to	Not applicable
Dates of continuous physical presence in West Virginia (month/year)	_____	_____
Date of West Virginia Driver's License was first issued (month/year)	_____	_____
State/license number of car you drive _____		
Exact years of West Virginia Motor Vehicle registration	_____	_____
Date of West Virginia Voter Registration (month/year)	_____	_____
Date of purchase of any West Virginia residential property (month/year)	_____	_____
Dates of employment in West Virginia (month/year)	_____	_____
Exact years West Virginia income taxes have been filed	_____	_____
Dates of military service, if applicable (month/year)	_____	_____
Dates of extended absences from West Virginia (month/year) (list absences for 6 months or more)	_____	_____

Students who claim a change in classification may be required to file an Application for Classification as a Resident Student with the Office of Admission and Records.

### HOW TO APPLY FOR FINANCIAL AID

This information applies to all aid administered by WVU Tech, including Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Perkins Loans, Federal Work-Study, and William D. Ford Federal Direct Students Loans. Students desiring to be considered for a WV Higher Education Grant or any of the types of financial assistance mentioned above must file a Free Application for Federal Student Aid (FAFSA). The FAFSA may be obtained from your high school guidance office or the WVU Tech Financial Aid Office. It should be available in late December for the next academic year. Please complete and mail the FAFSA after January 1, to the federal processing agency designated in the FAFSA instruction booklet. The FAFSA must be received by the federal processor on or before March 1 for you to receive maximum consideration for financial aid. Applicants filing the required items indicated above, on or before our March 1 deadline, will receive written notification of action taken. Students whose forms are received after March 1 will be placed on a waiting list and will be notified only in the event that assistance is available.

The **Mountain Creed** states that it is dedicated to personal and academic excellence:

I will . . . Practice Academic and Personal Integrity

Value Wisdom and Culture

Foster Lifetime Learning

Practice Civic Responsibility and Good Stewardship

Respect Human Dignity and Cultural Diversity

In order to become a meaningful member of West Virginia University Institute of Technology, and the society in which I live, I dedicate my energy, my talents, and my intellect to these standards of excellence

## PERSONAL COMMENTS

Provide a statement explaining why you wish to be considered for admission to this program.

(NOTE: Students applying to Dental School (D.D.S.) need not complete this section)

(Physical Therapy applicants must complete this section in handwritten form)