

**UNIVERSITY OF THE VIRGIN ISLANDS
SCHOOL OF NURSING
BACHELOR OF SCIENCE IN NURSING PROGRAM
Application for Admission**

Student's Name (Please print): _____

UVI Student ID#: _____ Email: _____

Mailing Address: _____ City _____ State _____

Physical Address: _____ City _____ State _____

Home Phone: _____ Cell: _____

Emergency Contact: _____ (Relationship) _____

Emergency Phone: _____

Desired campus: Albert A. Sheen (St. Croix) _____ St. Thomas _____

Employer: _____ Number of Hours worked per week: _____

Application submitted for enrollment: _____ Full Time or _____ Part Time

List below all previously attended colleges/universities. List in order of attendance, beginning with the last school attended.

*College/ University	City & State	Dates Attended	Major Area of Study	Degree Earned

***Submit Official transcripts in sealed envelopes and included with your application. Students enrolled in a college/university at the time the application should have updated transcripts sent at the close of the semester.**

Have you ever been suspended or dismissed from any college/university for scholastic or disciplinary reasons? _____ Yes _____ No

If "Yes", provide the name of the institution, date, and reason for this action.

Have you previously attended a school of nursing? _____ Yes _____ No

If yes, please complete the following:

College/ University	City & State	Dates Attended	Reason for Leaving

Are you transferring from another university or college? _____ Yes _____ No

Transfer applicants who have been enrolled in another nursing program or wish to transfer into the BSN program must contact the administrator of the previous institution and request that a letter be mailed directly to the Dean of the School of Nursing indicating their academic standing and eligibility for re-admission.

BSN Completion Applicants Only: BSN Completion applicants must be licensed as a registered nurse (RN) or be within four years of completion of their generic nursing program.

Graduates of foreign nursing schools must have a current, unencumbered license in one of the United States or U.S. territories to qualify for admission. All RNs must submit proof of licensure.

Do you have a current, unencumbered RN license to practice in any US state/territory?

_____ Yes _____ No

If yes, please indicate state(s)/territory of licensure and attach copy(s):

State or Territory: _____ License Number: _____ Exp Date: _____

If you do not have a license: Date of graduation from nursing program: _____

The Admissions Committee will consider your application if it includes the following:

- 1) Application form
- 2) Official transcripts – UVI students currently enrolled may submit an Unofficial **UVI** Transcript.
- 3) Results of TEAS (all applicants except BSN completion). Minimum of basic proficiency is required. Effective intake of 2021, the science portion of the TEAS will require a 60% score.
- 4) **Request two (2) recommendations from professors, supervisors, or employers** using the form designed for that purpose. The recommendations should be submitted electronically no later than September 30 to kfrett@uvi.edu or rosalind.moore@uvi.edu. Applications are incomplete if the recommendation forms are not received by September 30.
- 5) **Writing Sample:** Write a one page essay on the following topic: “**Nursing: My Career of Choice.**” Write this essay in a minimum of three paragraphs with at least one citation; Font: Time New Roman; Font Size 12; Line spacing 1.5; Citations and References must be in APA format.
- 6) Official letter of good standing from the applicant’s previous university or nursing program(s). This letter must indicate the applicant is in good standing and eligible for re-admission;
- 7) Copy of RN license (BSN completion applicants)
- 8) **Copy of Covid-19 vaccination card or official UVI letter certifying vaccine exemption**

Deadline for submission: September 30.

I certify that the answers I have given to each and all of the foregoing questions are true to the best of my knowledge. I understand that falsification of any information on this form or violations of academic integrity will subject me to dismissal from the Program. I further certify that I have read and understand the instructions for the completion of this application. The information I have provided is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

For Program Use:

Date application received: _____

Applicant's status: New Student _____ Transfer Student _____ BSN Completion Student _____

Documents submitted:

√	Document	Comment
	Completed Application Form	
	Official transcript	
	TEAS Results	
	Essay	
	Letters of Recommendation (2)	
	Official letter of good standing	
	Copy of RN license (if applicable)	
	Copy of COVID-19 vaccine card or UVI Letter of Exemption	

Revised: 8/27/21