



College of Nursing

TRADITIONAL UNDERGRADUATE NURSING PROGRAM APPLICATION CHECKLIST FOR CLINICAL ADMISSION REQUIREMENTS

I. Fall Admission Cycle (to begin clinical in Spring semester) Application Deadline – August 30th*

Check the appropriate option or options:

- A. Submit my application for the standard semester plan ONLY
B. Submit my application for the year round plan ONLY **
C. Submit my application for BOTH the standard and year around plans**
Prefer [] standard plan [] year round plan [] no preference

II. Spring Admission Cycle (to begin clinical in Fall semester) Application Deadline - January 30th*

Check the appropriate option or options:

- A. Submit my application for the standard semester plan ONLY
B. Submit my application for the year round plan ONLY **
C. Submit my application for BOTH the standard and year around plans**
Prefer [] standard plan [] year round plan [] no preference

*The deadline automatically extends to the following Monday when the 30th is on a weekend.

**Note:

- In the year around plan, students take fewer credits during standard semesters and continue taking classes during interim and summer. For more information, contact your advisor
Students accepted by the standard semester plan and year around plan graduate at the same rate.
Please check the implications of the year around option on your financial aid: Dempsey 104, 920- 424-3377, or fao@uwosh.edu.

Name: _____ Student ID: _____

EMAIL: _____@uwosh.edu Best Phone Contact (_____) _____

Permanent Address: _____ City _____ State _____ Zip _____

Applicant must be admitted to UWO

Email application to:

CONTradApply@uwosh.edu

REQUIREMENTS:

1. POLICIES:

Read the information regarding admission to [UW Oshkosh College of Nursing](#)

2. BACKGROUND DISCLOSURE FORMS AND CHECKS:

Complete forms according to directions, sign, and attach to the written application.

- [Background Information Disclosure Form](#) – ALL applicants
- [UWO Disclosure Form](#) – ALL UWO students who have earned UWO credits
- [Transfer Disclosure Form](#) (if applicable) - ALL students with transfer credits from another school

Required Background Check to be completed AFTER application deadline (fee paid by student).

Instructions on how to set up an account with for your required background check will be emailed two weeks after the application deadline.

3. CERTIFIED NURSING ASSISTANT (CNA) CRITERION

- Attach a print out from the [Nurse Aide Registry](#) verifying certification

4. NURSE ADMISSION TEST – Instructions at [Step 3 on the website](#)

ATTACH COPY OF TEST RESULTS

5. GPA CALCULATION FORM:

Attach completed [GPA Calculation Form](#) and submit unofficial transcripts with highlighted courses used for nursing GPA.

6. ADMISSION INTERVIEWS:

You will be invited by email to register for an interview, approximately 3 weeks after application deadline.

APPEALS:

Attach an appeal if requesting special considerations for course requirement or admission criterion.

Appeal form is found on CON intranet: [CON Intranet](#)

Log in with UWO email and password.

Current Appeal -- Attach appropriate documentation

Previous Appeal Granted – attach copy of verification.

SIGNATURE REQUIRED BY ALL APPLICANTS:

By signing below I acknowledge that I have read and understand the requirements and policies as outlined in this application form. Failure to comply with requirements will deem my application ineligible for the current application cycle.

*Signature: _____

Date: _____

ADDITIONAL INFORMATION TO HELP RECRUIT A DIVERSE POOL OF APPLICANTS

Gender: Female Male

Gender Identity: Woman Man Trans or Transgender

A gender identity not listed here Prefer not to answer

Have you served in the U.S. Military and/or Reserves? Yes No

Has either of your parents earned a four-year college/university degree? Yes No

Are you currently receiving the Pell Grant? Yes No

ACADEMIC BACKGROUND

1. Have you taken any courses in the past that have been transferred to UWO? Yes No
If **Yes**, Please list the dates and campus below

Name of College/University	Dates Attended

2. Are you **currently** taking classes at **another** campus? Yes No
If **Yes**, Please list the courses and campus below:

(If this class is a REQUIRED pre-requisite nursing course it MUST be completed by the end of the semester you are applying in.)

Name of College/University	Course #/Name	Anticipated Completion Date

3. Have you ever attended or are currently attending a clinical nursing program or the clinical portion of another healthcare major and did not finish? Yes No

If **Yes**, Please list all colleges and universities where you have attended a clinical program (nursing or other health care major) below. **You must submit a letter with your application written by the Dean or the Department Chair on college letterhead indicating you left in "good standing" in both academics and conduct.**

Name of College/University	Dates Attended

4. Do you have a degree in any other area? Yes No

If **Yes**, please list school(s) and degree(s) below.

Name of College/University	Degree Earned	Completion Date

PLEASE NOTE:

It is imperative that UW Oshkosh and transfer students taking course work elsewhere ensure that grades/transcripts are sent to UW Oshkosh on time to be considered toward College of Nursing clinical admission. Please verify necessary documents have been received and posted on UWO transcript with the appropriate office (Admission Office if transfer student or Registrar if UWO student). Course grades included on the GPA calculation form but not found on the UWO transcript will be eliminated.

HEALTH RELATED EXPERIENCE**Nursing Assistant Status**

- A. My Nursing Assistant status is:
 Certified Nursing Assistant **with** experience (Please complete TABLE 1 below)
 Certified Nursing Assistant **without** experience
- B. State where Nursing Assistant course taken_____. If other than Wisconsin, attach list of required skills with class and clinical hours indicated.

Employer/Location	Hours of Work	Part/Full Time	Reference: (Name/Phone Number)

OTHER CREDENTIALS

- C. Do you have a credential or license in another health field (EMT, LPN, etc.)? Yes No
 If **Yes**, complete TABLE 2 below and attach copy of credential.

Type of credential/license	Employer/Location	Hours of Work	PT or FT	Reference: (Name/Phone Number)

ACTIVITIES REFLECTING SERVICE ORIENTATION [volunteerwork] Please be specific. Indicate the time commitment (approximate hours), name of a contact person for each activity listed with contact information (agency, email, and/or phone). If you were involved in a service trip, include it here.

Agency Name/Location	Hours	Dates	Name/Phone Number

For each of the following areas, attach a typed response, following these guidelines: One page limit for each item (12 pt. Times New Roman, double-spaced with 1-inch margins)

A. Personal Statement

The vision of the College of Nursing is to develop caring and scholarly nurse leaders who positively impact contemporary and future health care. With this in mind, why do you want to be a professional nurse and what gifts/talents will you bring to the profession?

B. Activities Reflecting a Service Orientation [volunteer work]

Describe the impact that your volunteer work (family, campus, community, or country) had on your life. If you are/were a collegiate athlete or military experience include it here. If you were involved in a service trip, include it here.

C. Experience with Diversity

Describe the impact that your experience working with diverse groups or individuals had on your life. Diverse people may include race/ethnicity, sexual orientation/identity, economic disparity and generational factors, veteran's status, or non-traditional students with diverse life experience.

D. Diversity and Overcoming Challenges

Please give an example of a personal experience with overcoming a challenge or barrier.

E. Optional Information

Please tell us anything else you think we need to know about you and consider in the admission process. If you have any positive findings on your background check, criminal record, policy violations, or conduct cases from Oshkosh, other cities or municipalities, or University Police, Dean of Student's Office, Residence Life, etc. please add an explanation for the Academic Standing Committee. This will, along with the rest of the application, remain confidential.