



Direct Admit Progression

or

Admission to the Nursing Major

For Spring 2021 Start

Direct Admit, LPN & Traditional BSN Students

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail address: _____

Cell Phone: (____) _____ Home Telephone: (____) _____

Date of Birth: ____/____/____ Student ID #: _____ **(must include)**

I was admitted to Lourdes University as a Direct Admission to the Nursing major:

Yes No

I plan to begin in the Nursing major (please check one):

Traditional BSN Fall Start _____

Traditional BSN Spring Start _____

LPN to BSN **(Fall start)** _____

LPN License # _____

* Provide a copy of License with application

Please check mark that the following classes have been completed or indicate if they are in progress "IP".

The grades for your classes below make- up your "Pre-Requisite GPA":

Completed IP

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | ENG 101 English Composition I: Essay Writing |
| <input type="checkbox"/> | <input type="checkbox"/> | ENG 102 English Composition II: Research and Writing |
| <input type="checkbox"/> | <input type="checkbox"/> | PSY 110 Introduction to Psychology |
| <input type="checkbox"/> | <input type="checkbox"/> | PSY 210 Developmental Psychology: Life Span |
| <input type="checkbox"/> | <input type="checkbox"/> | MTH 212 Statistics |

The grades for your classes below make- up your "Science GPA":

Completed IP

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | CHM 140 Gen: Organic & Biological Chemistry |
| <input type="checkbox"/> | <input type="checkbox"/> | CHL 140 (Lab) |
| <input type="checkbox"/> | <input type="checkbox"/> | BIO 313 Nutrition |
| <input type="checkbox"/> | <input type="checkbox"/> | BIO 330 Anatomy and Physiology I |
| <input type="checkbox"/> | <input type="checkbox"/> | BIL 330 (Lab) |
| <input type="checkbox"/> | <input type="checkbox"/> | BIO 331 Anatomy and Physiology II |
| <input type="checkbox"/> | <input type="checkbox"/> | BIL 331 (Lab) |
| <input type="checkbox"/> | <input type="checkbox"/> | BIO 335 Microbiology |
| <input type="checkbox"/> | <input type="checkbox"/> | BIO 340 Pathophysiology |

My signature below indicates that all information provided in this document is factual and that I've read and understand the following:

- I have or will complete all of the pre-requisite courses prior to the semester I plan to begin courses in the Nursing major.
- I understand that I may receive conditional admission if pre-requisite courses or validation of prior learning are in progress.
- I understand that progression/admission to the Nursing major is determined based on my cumulative GPA and my science GPA. I confirm I have a cumulative pre-requisite GPA minimum of 2.50 and a cumulative science GPA minimum of 2.50 (admitted to Lourdes under the 2018-2019 academic catalog or prior) or 2.75 (admitted to Lourdes under the 2019-2020 academic catalog and beyond). Further, I understand that my science GPA will impact admission to the Nursing major at Lourdes University because it is doubled.
- If applicable, my official transcripts from all other institutions are on file at Lourdes University and I understand that my progression/admission document will not be reviewed if official transcripts are not received in the Registrar's Office by the deadline for submitting this document.
- I understand that I must complete all health and professional requirements **two weeks before** I begin courses in the Nursing major or risk being deregistered from my classes.
- I am aware that Lourdes University is an equal opportunity educational institution.
- I am fully responsible for any financial expenditures, I occurred with the expectation of admission and they are not Lourdes University responsibility, if I am ultimately removed prior to or during a semester.
- I will follow my Plan of Study on file in the College of Nursing. I will update my Plan of Study and personal information as changes become necessary or at least yearly with my assigned Advisor.
- _____ (initial) I am aware that a background check is required. If any disqualifying offense is found, it could result in my removal from the Nursing Program.

Printed Name: _____

Signature: _____ Date: ____/____/____