

Application to the BSN Program

Lincoln University

School of Nursing 820

Chestnut St.

Jefferson City, MO 65101

573-681-5421

Completed applications may be sent to: bsnadmissions@lincolnu.edu

Or faxed to (573) 681-5422

Due Date: Fall: Last Tuesday in September / Spring: First Tuesday in March

Nursing Applicant Information: \$25.00 receipt from the Cashier must be included with the application. (We will not accept any form of payment in the nursing office; it must be a receipt from the cashier's office)

Student ID: _____ LPN license #: _____ (attach copy of license with application)

Name: _____

Print (Last) (First) (Middle)

Permanent Home Address: _____

City/State/Zip: _____

Present Mailing Address: _____

City/State/Zip: _____

Telephone Number: Home _____ Cell _____

Lincoln E-mail Address: _____@my.lincolnu.edu

1. Are you in good standing (academic and non-academic) with Lincoln University and have a GPA of 2.5 or above?
Y___ N___
2. Entrance Exam: HESI A2 composite of $\geq 70\%$ attached Y___ N___ (must provide School of Nursing a copy)
OR ACT composite of ≥ 19 attached Y___ N___ (must provide School of Nursing a copy if not posted at LU)
3. Have you completed all prerequisite course work? Y___ N___ If no, please list courses explain your plan to complete prerequisite course work on a separate sheet of paper.
4. Have you completed the online Nursing Informational Session Packet and completed the required quiz? Please attach your quiz results. Y___ N___
5. Have you met with a nursing advisor? Y___ N___
6. If English is a second language, have you completed the required Test of English as a Foreign Language (TOEFL iBT and received 100 or above)? Y___ N___ If yes, what was your score? _____ (Please attach your results)
7. Have you ever been enrolled in, denied admission to, or denied progression in a school of nursing or practical nursing program? Y___ N___ If yes please explain on a separate sheet of paper and attach to your application.
8. Has your professional license ever been revoked, suspended, placed on probation, or otherwise subject to any disciplinary action? Y___ N___ If yes, please explain on a separate sheet of paper and attach to your application.
9. How do you see yourself contributing to the profession of nursing? Please use a separate sheet to answer this question. It must be 1 page typed and in essay format.
10. Please attach a copy of transcripts from all schools attended. (unofficial accepted)
11. Have you checked the waiver request on the application and the reference form? Y___ N___
Must have 3 different references (see reference form for directions).

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If you answered no to any of the questions 1 – 4, please contact the School of Nursing 573-681-5421 and make an appointment with your nursing advisor prior to submitting your application. The LU Bulletin contains information Revised 2/2026

pertinent to progression in coursework and graduation with a BSN degree. If you do not have a current LU bulletin please obtain one from the LU Admissions Office in Young Hall or visit the Lincoln webpage.

Previous Work and Educational Experience (may attach resume/vitae)

Please list any work experience you have had, beginning with your present or most recent employment (Please use additional sheet of paper if needed)

Employer (Include Address)	Position	Dates	Reason For Leaving

Please list educational experiences post-high school, beginning with your current or most recent education: *Official transcripts from LPN program and verification of license must be sent directly to the nursing department.

School	Dates	Area of Emphasis	Hours Earned or Degree Received

I certify that the information given in this application is complete and accurate to the best of my knowledge. I do understand that giving of misinformation may void my admission to the Lincoln University Nursing Program. I give my permission for the School of Nursing to contact the above named institutions and for them to release information without liability to them.

In accordance with the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 and its amendments, I waive _____ I do not waive _____ my right to see any supplemental information received.

I understand that I am responsible for contacting the Nursing office at (573) 681-5421 or bsnadmissions@lincolnu.edu to make sure my application and references have been received and are complete by

the deadline. To ensure timely communication and processing of admission materials, I am also responsible for providing and maintaining current address and contact information to the School of Nursing to ensure timely communication and processing of admission materials.

Please note, the application is not valid without the applicant's signature.

(Applicant's Signature)

(Date)