ARKANSAS STATE UNIVERSITY- JONESBORO

COLLEGE OF NURSING AND HEALTH PROFESSIONS DEPARTMENT OF HEALTH STUDIES

APPLICATION INFORMATION

THANK YOU FOR YOUR INTEREST IN A-STATE'S HEALTH STUDIES PROGRAM. PLEASE BE SURE THAT YOU HAVE COMPLETED EVERY STEP BELOW, AND THAT YOU HAVE ENCLOSED ALL DOCUMENTS BEFORE SUBMITTING YOUR APPLICATION. STUDENTS APPLYING TO THE HEALTH STUDIES PROGRAM MUST ALSO APPLY FOR ADMISSION TO ARKANSAS STATE UNIVERSITY. CONTACT THE OFFICE OF ADMISSIONS AND RECORDS, P. O. BOX 1630, STATE UNIVERSITY (JONESBORO), AR 72467 OR PHONE (870) 972-3024. IF YOUR CGPA IS BELOW 2.5, YOU ARE NOT ELIGIBLE FOR ADMISSION AT THIS TIME.

Application materials must be received by <u>March 15</u> for consideration for fall semester admission. Letters of official admission into the BSHS Program will be mailed by April 1 for fall registration.

NOTES ON THE APPLICATION AND SELECTION PROCESS

- 01 The submitted application packet is to consist of a completed application form and college/university transcripts of <u>all</u> college work attempted.
- 02 Applications are <u>not</u> reviewed on a first come/first served basis.
- 03 The minimum cumulative grade point average (CGPA) for admission is 2.50.
- 04 Factors considered in the application process include the following:
 - A. Cumulative grade point average:
 - Worth up to 35 points of possible 100 points for BS in HS application.
 - B. Support course grades/Required Classes preadmission:
 - Worth up to 35 points of possible 100 points for BS in HS application
 Support courses include Anatomy & Physiology I with Laboratory, Physical Science and Laboratory, College Algebra or Plane Trigonometry (for Professional Tack), Introduction to Psychology, Introduction to the U.S. Healthcare System.
 Grade of A = 4 points, B = 3 points, C = 2 points for each support course
 - C. Completed writing skills assessment:
 - Worth up to 30 points of possible 100 points for BS in HS application.
 - Will be scheduled prior to the application due date; to schedule your assessment please contact Dr. Jessica Camp at <u>icamp@astate.edu</u> or (870) 680-4863.
- 05 Applications received after March 15th will not be accepted.
- 06 Completion of or current enrollment in all support courses with a grade of "C" or better.

- 07 Foreign-born applicants must submit test scores of English proficiency with their application. English proficiency documentation includes one of the following:
 - A. Test of English as a Foreign Language (TOEFL) minimum score of 83 on the preferred internet-based test (iBT), 570 on the paper-based test, or 213 on the computer-based test
 - B. International English Language Testing System (IELTS) minimum score of 6.5 and a spoken band score of 7
 - C. Pearson Test of English Academic (PTE) minimum score of 56

<u>Only a completed application packet, consisting of the application form and transcripts of all college and/or</u> <u>high school work attempted, will be accepted for review</u>. The application may be taken to Eugene W. Smith Hall - Room 101, or mailed to the following address:

> Health Studies Department College of Nursing and Health Professions Arkansas State University - Jonesboro Attention: BSHS Program Director P. O. Box 910 State University, AR 72467

Arkansas State University is an equal opportunity institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, impediment/disability, or unlawful factors in the admission and treatment of students.

ARKANSAS STATE UNIVERSITY - JONESBORO COLLEGE OF NURSING & HEALTH PROFESSIONS DEPARTMENT OF HEALTH STUDIES

APPLICATION FORM

University, AR 7	submitted OR ubmitted to the (2467 (phone 87 sion (month	Dffice of Admissions 0-972-3024). , day, yea	and Records, F	P.O. Box 1630,	State
Name:		First		Middle	-
Lasi		1 1131		Middle	
A-State ID#		Phone Numb	er:		
A-State ID# (current A-S	tate Student)				
Present Address:					
	City	State	Zip		
Permanent Address: (if different)					
	City	State	Zip		
Notification of admission decis not indicate a choice, notification	ion should be sent to on will be sent to the	(check one)present first address given.	t address orp	permanent address.	If applicant does
Email: A-State:					
Other:					
High School/Home tow	/n:				

List all colleges, universities or other secondary institutions attended since high school, credits earned, and degree(s) if applicable. Submit transcripts from each institution.

College/University	# Credits/Degree	Date Attended

Do you have proficiency in another lan	nguage?	No	Spanish	Other:	
Were you born in a foreign country?	Yes	No	If yes, what co	untry?	

All applicants, please respond to the following question:

Do you have work experience in a health care institution? If so, briefly describe:

All applicants, please read the following statement, sign, and date:

I hereby affirm that all information supplied on this application is complete and accurate. It is my understanding that I will not be considered for admission to this program until I have submitted all credentials specified.

Signature

Date

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