

Commonwealth University

BSN Student Application for Internal Transfer into the Breiner School of Nursing

Campus of Choice:

☐ Bloomsburg ☐ Mansfield ☐ No preference for campus

Personal Data (Please Print)

Last Name _____ P# _____

First Name _____ Middle _____

E-Mail Address _____ Daytime
telephone(____)_____

Curriculum Data:

Indicate your current and, if applicable, previous majors.

Major: _____ Major: _____

Admission to the Program is based on space available and the courses you have already taken.

Prerequisites:

Current cumulative GPA: _____ Must have 2.5 or higher.

BIOL 180 Anatomy and Physiology 1: Have you taken this course? ☐ Yes ☐ No
Grade: _____

Must have a C or better.

BIOL 181 Anatomy and Physiology 2: Have you taken this course? ☐ Yes ☐ No
Grade: _____

Must have a C or better.

CHEM 116 Physiological Chemistry: Have you taken this course? ☐ Yes ☐ No Grade: _____
Must have a C or better.

SOC 101 Principles of Sociology: Have you taken this course? ☐ Yes ☐ No Grade: _____

Must have a C or better.

ANTH 120 Principles of Cultural Anthropology: Have you taken this course? ☐Yes ☐No
Grade:_____ Must have a C or better.

PSCYC 212: Lifespan Development: Have you taken this course? ☐Yes ☐No
Grade:_____ Must have a C or better.

For all applicants

Commonwealth University: Bloomsburg is required by the U.S. Department of Education, Office of Civil Rights, to collect and report information pertaining to ethnic backgrounds of applicants for admission. This information will not affect the admissions decision. Mark an X in the box that applies to you:

- ☐1. African American
- ☐2. American Indian or Alaskan Native
- ☐3. Asian or Pacific Islander
- ☐4. Latino
- ☐5. Caucasian
- ☐6. Other (specify)_____
- ☐7. Prefer not to answer

All Applicants: affidavit

I certify the above statements are correct and that I have answered all applicable questions. I understand that my falsification of the above information may invalidate my application. I give permission to the Breiner Department of Nursing office to access my transcript.

Signature of Applicant: _____ **Date** _____