

**Bachelor of Science in Nursing  
Clinical Application Check Sheet  
Accelerated Option**

Clinical applicants should be aware of the minimum admission criteria for the program(s)/option(s) for which they are applying. Please note that submission of a clinical application to any nursing program at the University of Missouri – St. Louis does *not* guarantee admission. If you wish to apply to multiple Pre-Licensure BSN Options, you must submit a separate clinical application for each option.

\_\_\_\_\_ Apply for admission to the university through the [Office of Undergraduate Admissions](#). International applicants must apply through the [Office of International Student and Scholar Services](#). Please note that international applicants may be required to submit additional materials. Please call (314) 516-5229 for details.

\_\_\_\_\_ Have *official* transcripts from all previously attended colleges and universities sent to:

**University of Missouri – St. Louis  
Office of Admissions  
One University Boulevard  
St. Louis, MO 63121**

*\*all transcripts must be sent directly from originating institution*

\_\_\_\_\_ Submit \$35 non-refundable (\$40 for international students) University Application Fee online, or by check or money order. Please make check or money order payable to **University of Missouri – St. Louis** and send to:

**University of Missouri – St. Louis  
Office of Admissions  
One University Boulevard  
St. Louis, MO 63121**

\_\_\_\_\_ Complete the BSN Accelerated Clinical Application (next page) and send to:

**University of Missouri - St. Louis  
College of Nursing  
Office of Student Services  
One University Boulevard  
St. Louis, MO 63121**

**Note:** All application materials must be processed by the University and the College of Nursing no later than the application deadline. It is suggested that applicants submit all materials **at least 4-6 weeks prior to the deadline**.

**Application Deadlines:**

- Early Admit Deadline: September 15<sup>th</sup>  
(*priority consideration is given to qualified applicants who meet the Early Admit Deadline*)
- Final Deadline: February 1<sup>st</sup>

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Applicants who have been dismissed from other nursing programs are ineligible for admission to the College of Nursing at the University of Missouri – St. Louis. All applicants transferring from other nursing programs must submit a letter of good standing from that program.

It is important to note that graduation from any professional nursing program does not guarantee eligibility to take the NCLEX-RN licensure exam; and graduation from a nursing program does not guarantee that a graduate will pass the licensure exam.



# College of Nursing

at the University of Missouri-St. Louis

**Summer 2012 Clinical Application**  
**BSN: Accelerated Option**

Please complete this form *in its entirety* and return to the following address *no later than* February 1, 2012  
 (Note: students who apply before the September 15<sup>th</sup>, 2011 Early Admit Deadline will be given first consideration)

University of Missouri – St. Louis  
 College of Nursing  
 Office of Student Services  
 One University Boulevard  
 St. Louis, MO 63121

**UMSL Student Number (Do not substitute with SSN):** \_\_\_\_\_

Please note: an UMSL Student number is assigned to students after submitting the university application.

**Name:** \_\_\_\_\_  
 First Middle Last Maiden (if applicable)

**Current Mailing Address:**

Please note that this is the address we will use to send correspondence regarding your admission to the program; please be sure that you provide a current/accurate address, and that you notify us of any changes that may occur in the near future.

Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone:** \_\_\_\_\_  
 Primary Secondary

**Email Address:** \_\_\_\_\_

**Please indicate current enrollment information (if applicable):**

School(s): \_\_\_\_\_

Courses enrolled in:

| Summer 2011 | Fall 2011 | Spring 2012 |
|-------------|-----------|-------------|
| _____       | _____     | _____       |
| _____       | _____     | _____       |
| _____       | _____     | _____       |
| _____       | _____     | _____       |
| _____       | _____     | _____       |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_