Sentara College of Health Sciences APPLICATION FOR ADMISSION

Bachelor of Science in Nursing - Early Admission for High School Seniors

APPLICATION PROCEDURE: Please refer to the Early Admission for High School Seniors section on our website for specific information regarding admissions requirements. Failure to do so may result in application withdrawal and administrative processing fee forfeiture.

Applications are accepted beginning January 1, 2017 until June 1, 2017.

You may mail any supplemental application materials to:

Student Services, Sentara College of Health Sciences, Crossways I, Suite 105, 1441 Crossways Boulevard, Chesapeake, Virginia 23320

l. ,	APPLICANT INFORM						
	□ Mr. □ Ms		 First	Middle	All Previous Last Names		
				Middle	All Previous Last Names		
Permanent Address: Number and Street							
		Number and Street					
		City		State	Zip Code		
	Email Address:						
	Telephone: Primary	(include Area Code)		Secondary (include Area Cod	de)		
	Military Service History: None Veteran Currently Active Are you eligible for Veteran's Educational Benefits? Yes						
	Criminal History: If you answer yes to any of the following, please contact Student Services before submitting the application.						
	Have you ever been convicted of a felony? Yes No If yes, please list state and/or county, offense(s), and dates,						
	If yes, please list state and/or county, o		, offe	nse(s)	, and dates		
	Do you have any criminal charges pending? □ Yes □ No						
	If yes, please list state _	and/or county	, offe	nse(s)	, and dates		
	Please note: There are some misdemeanor convictions that may impact admission. These are reviewed on a case by case basis.						
	Citizenship : Are you a U.S. Citizen? ☐ Yes ☐ No ☐ If no, are you a Permanent Resident? ☐ Yes ☐ No ☐ If you answer no to both of these questions, please see www.sentara.edu/applynow for information.						
	Language: Is English your first language? ☐ Yes ☐ No If no, have you taken the TOEFL (Test of English as a Foreign Language) examination? ☐ Yes ☐ No If you answer no, please see www.sentara.edu/TOEFL for more information.						
II.	HIGH SCHOOL EDU	JCATION					
	I will be graduating with a: ☐ High School Diploma ☐ GED ☐ Home School Diploma from:in (month) (year)						
	(year)(year)						
	A minimum GPA of 3.5 on a 4.0 scale is required to submit an application. This minimum GPA must also be maintained through high school graduation and will be verified via receipt of the final official transcript.						
III.	SAT OR ACT SCORES						
	Which test have you or will you be completing? □ SAT □ ACT						
	Copies of your official test scores are required.						
	SAT scoring - minimum score of 26.5 math/27 reading. We will accept the highest scores from multiple SAT tests.						
	ACT scoring - total score must be 21 or above.						
IV.	ADDITIONAL QUESTIONS						
	How did you first lear	How did you first learn of Sentara College of Health Sciences?					
V.	COMPUTER SKILLS						
			_	ents, and use a word processi			

VI. REQUIRED GENERAL EDUCATION COURSEWORK

The below list of general education courses equals 49 credits. The courses must be completed within 1.5 years from your high school graduation. You must complete a minimum of 30 credits from the list below, including Anatomy & Physiology I w/lab, Chemistry w/lab, Statistics, Developmental Psychology, and English Composition I & II by the end of your freshman year in college. You must have either a cumulative GPA of 3.3 on a 4.0 scale on all college coursework taken OR a 3.3 GPA on the general education courses listed below to be considered for this admission option. General education courses are not offered at Sentara College of Health Sciences. Courses must be completed at an accredited institution. Advanced Placement (AP) courses, dual enrollment courses, and CLEP exams are acceptable. See sentara.edu for further details on minimum scoring requirements. Official transcripts for these courses are required.

Early Admission for High School Senior applicants will be required to submit proof of enrollment and grades of completed coursework each semester. Applicants are also required to meet with our Admissions Advisor each semester.

Required General Education Coursework:

Anatomy & Physiology I w/lab (4 credits) Anatomy & Physiology II w/lab (4 credits) Chemistry w/lab (4 credits) Microbiology w/lab (4 credits) Developmental Psychology (3 credits) Statistics (3 credits)
English Composition I (3 credits)
English Composition II (3 credits)
Ethics (3 credits)
Introduction to Psychology (3 credits)

Introduction to Sociology (3 credits)
Oral Communication (3 credits)
Fine Art Elective (3 credits)
History Elective (3 credits)
Humanities Elective (3 credits)

VII. FINAL REVIEW

□ Yes

☐ Yes By submitting my application I certify that I have read and understand all admission requirements of the program or course for which I am applying, and understand that if I do not meet the requirements for admission my application may be withdrawn with no refund of the \$85 administrative processing fee.

I also understand that submitting my application does not guarantee admission into any Sentara College of Health Sciences' nursing program and there are additional admission requirements that must be completed before an admission decision can be rendered. I understand it is my responsibility to ensure the College receives all required documentation and to follow the admission requirements to be reviewed for full admission into my chosen program/course. All applicants will be notified of their admission decision via email. Furthermore, applicants selected for admission will be required to pay an enrollment processing fee and complete additional admission requirements prior to enrollment at the College.

VIII. READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status, or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school, or the equivalent, and completed, in good standing, additional coursework as listed on this application and attachments.

By signing below, I authorize Sentara College of Health Sciences to verify my criminal history and National Sex Offender Registry through Castle Branch, Inc. We also reserve the right to charge an additional fee if a more extensive background check is required. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have any concerns about your criminal history, please contact Enrollment Services before submitting your application.

Sentara College of Health Sciences does not discriminate against employees, students, or applicants on the basis of race, color, gender, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation in accordance with the requirements of Title VI of the Civil Rights Act, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other applicable rules and regulations. Any questions concerning any of these regulations should be directed to HR Manager at 757-827-2303.

Americans	with Disabilities Act, Title 1X of the Educational Amendments of 1972, Section 304 of the with Disabilities Act of 1990, and all other applicable rules and regulations. Any questics should be directed to HR Manager at 757-827-2303.	,
□ Yes	I understand that my \$85 administrative processing fee is non-refundable.	
⊐ Yes	I also understand if my application is incomplete, I will have 45 days or until the application, to provide the College the any necessary outstanding paperwork to complete be withdrawn with no refund.	· · · · · · · · · · · · · · · · · · ·
	 By checking this box, I have read, understand, and agree to the abov 	e Statements and Conditions.
	Type Applicant's Name	Date

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