Student name (print): __________________________ NSHE #: __________________________
The semester for which I am applying is: __________________________ Phone: __________________________
The completion deadline is __________________________ Today’s date: __________________________

1. Check all that apply:
   - [ ] I am transferring or have transferred credits. You must attach a copy of MyCSN Transfer Credit report, along with
     __________ unofficial transcripts from all schools attended (TR, ELEC, CLEP not accepted as grade).
   - [ ] I have attended CSN. You must attach an unofficial MyCSN transcript showing all final grades.

*** PLEASE NOTE: SUBSTITUTION/WAIVER FORM MUST BE ATTACHED IF APPLICABLE ***

2. Circle either TRUE or FALSE:
   - [ ] TRUE   [ ] FALSE A copy of my high school diploma, high school transcripts or GED equivalent is attached.
   - [ ] TRUE   [ ] FALSE A copy of the Placement test placing me in English 100 or higher within 36 months from the completion
     deadline is attached.
   - [ ] TRUE   [ ] FALSE A copy of the Accuplacer Placement test placing me in Math 096 or higher within 36 months from the
     completion deadline is attached.
   - [ ] TRUE   [ ] FALSE I have met with a Health Program Advisor. Enter date: __________________________
   - [ ] TRUE   [ ] FALSE I have attended the LE workshop. Enter date: __________________________ Certificate must be attached.
   - [ ] TRUE   [ ] FALSE I have completed the following classes with a “C” or better (“C-” is not accepted):
     - COM 101 (grade _____)          HIT 117B (grade _____)
     - COT 101B (grade _____)           IS 101 (grade _____)
     - ENG 101 (grade _____)           MATH 104B, 120 (grade _____)
       or higher (except 122 & 123)
   - [ ] TRUE   [ ] FALSE My GPA on the above prerequisite courses is 2.50 or higher.

IF YOU ANSWERED “FALSE” TO ANY OF THE ABOVE ITEMS CONTACT THE DEPARTMENT AT 651-5080

3. If you answered TRUE to all of the above items, please read and initial the following:
   - [ ] I understand that after the deadline nothing can be changed in my file.
   - [ ] I understand that once I accept a position in a Limited Entry program I cannot apply to another Limited Entry program until I
     complete the program I originally accepted.
   - [ ] I understand that I may receive point(s) reduction if I reapply to a program in which I was previously enrolled.

4. I am providing proof of satisfying the following items for points towards selection. Refer to the selection criteria sheet attached
to the advisement sheet for explanation. Circle either YES or NO.
   - [ ] YES   [ ] NO Results of Math Accuplacer Exam:
     - ______ Math 181 or higher ______ Math 126 to Math 128 _______ Math 120 to Math 124 (except 122 or 123)
   - [ ] YES   [ ] NO Completion of Math 127 or higher with a grade of “B” or higher: Class __________ / grade ______
   - [ ] YES   [ ] NO Pharmacy Related Work Experience (on approved form)

RETURN THIS PACKET TO DEBBIE BRITT, LIMITED ENTRY OFFICE, ROOM K216, PHONE: 702-651-5633

Student signature