



School of Nursing
5400 Ramsey Street, Fayetteville, NC 28311-1498
Telephone: 910.630.7578

BSN Program APPLICATION PACKET INSTRUCTIONS/CHECK LIST

APPLICATION DEADLINE IS January 31, 2026

- **Before submitting this application**, make sure you meet the following minimum requirements:
 - Applied and accepted to Methodist University.
 - Cumulative GPA of 2.8 or higher.
 - Completion of A&P I, A&P II, Microbiology, General Chemistry and Lab, Statistics, Clinical Nutrition for Health & Healing, Introduction to Nursing, and General Psychology with a “C” or better (no C-) or plans to complete these courses by July 31, 2026. *Note that A&P I, A&P II, and Microbiology have a 5-year limit.*
 - Have taken/scheduled to take TEAS Nursing entrance exam.
- **Materials to submit (required)** with your application are:
 - Signed Essential Functions form (included with this application).
- **Optional items (not required)** to submit with your application are:
 - Copies of health care certifications you currently hold (CNA, LPN, EMT, etc.).
 - Resume.
- **Applications** will close Jan. 31, 2026.
- All applicants are **required to attend one Nursing Program Information Session**. Dates and times will be posted on the MU Nursing web page with a link to register.
- **An Interview** with the Admissions Committee is required. Dates and times will be announced via your MU student email.
- **Upon acceptance to the program, students will be given instructions on drug screening, immunizations, CPR requirements, and a complete background check.**



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BSN Program Application

APPLICATION DEADLINE IS January 31, 2026

Note: The nursing admission process is **separate** from admission to Methodist University (MU). Admission and acceptance to MU is required **before** applying to the MU Nursing Program.

A. ENROLLMENT PLANS

Application for enrollment beginning **Fall 2026**

B. PERSONAL INFORMATION

Mr. ___ Ms. ___ Mrs. ___ _____
Last First Middle (Complete)
 MU ID# _____ SSN _____ Date of Birth _____

Are you a citizen of the United States? ___ Yes ___ No If no, what is your country of origin _____

Marital Status: Single Married Divorced Separated Widowed
 (optional)

Ethnicity and race: American Indian/Alaska Native Caucasian/White Other
 Asian Hispanic/Latino Unknown
 Black/African American Native Hawaiian/Pacific Islander

US Military Experience: Yes No If yes, status: Active Non-Active Retired Reserve

C. CONTACT INFORMATION

Mailing Address: _____
Number and Street City County State Zip

Hometown: _____
City State/Country

Telephone: Home () _____ Cell () _____ Work () _____

Personal E-mail Address: _____ MU Email Address: _____

Emergency Contact: _____
Full Name Relationship Address Phone

D. EDUCATIONAL INFORMATION

Have you completed all required Pre-Nursing Core courses with a "C" or higher OR will you have completed all required Pre-Nursing Core courses with a "C" or higher by the end of the Summer semester prior to admission? Yes No

Is your **cumulative** GPA 2.8 or higher? (we consider all grades, except developmental, earned in all courses at all institutions) Yes No

Have you submitted all official transcripts (earned outside of MU) to the Admissions office? Yes No

EDUCATIONAL INFORMATION cont.

List all high schools/colleges/universities attended, beginning with the most recent. If additional space is needed, please use a separate sheet of paper. If you have taken courses elsewhere and want them considered for transfer credit, all official transcripts must be submitted to the MU Admissions Office by January 31st. Admissions Points will only be awarded for pre-nursing core classes completed through the end of the Fall semester.

School: _____ From ____ - ____ to ____ - ____
Month Year Month Year

Address: _____ Date of Graduation _____ Degree Earned _____
City State

School: _____ From ____ - ____ to ____ - ____
Month Year Month Year

Address: _____ Date of Graduation _____ Degree Earned _____
City State

School: _____ From ____ - ____ to ____ - ____
Month Year Month Year

Address: _____ Date of Graduation _____ Degree Earned _____
City State

Please list any scholastic honors you have received. If additional space is needed, please use space provided on page 5 of this application.

Have you ever been suspended or placed on probation from a college/university or nursing program? If yes, please explain in space provided on page 5 of this application. Yes No

Have you taken or are you scheduled to take the TEAS Nursing entrance exam? (see the MU Nursing website for available test dates) Yes No

Note: ATI TEAS Nursing entrance exam scores must be on file with the MU Nursing Office by January 31st. Scores are valid for three (3) years.

E. BACKGROUND INFORMATION

Do you have any prior experience in nursing or the healthcare field? If yes, please describe below and include a copy of your certification/license. Yes No

Type of Program: CNA LPN EMT EMTP CMA Healthcare Administration
Date of Program Completion _____

*Have you ever been charged or convicted of a misdemeanor or felony (other than a traffic violation)? Yes No

If yes, please explain in detail on page 6 of this application.

**Criminal background checks are a requirement for entry into the MU Nursing Program and are performed after initial acceptance is granted. If your background check shows prior charges or convictions, an affiliated clinical site may determine not to allow your presence at their facility. This would result in your inability to successfully complete the clinical requirements of the MU Nursing program. Additionally, applicants should be aware that prior criminal convictions (misdemeanors or felonies) may make them ineligible for registered nurse licensure in the State of North Carolina. All cases are reviewed by the NCBON on a case-by-case basis. For more information, please visit the NCBON website at <https://www.ncbon.com/rnlpn-examination>.*

F. ESSENTIAL FUNCTIONS

Please **read and sign the attached “Essential Functions Required for Admission, Progression, and Graduation” form**. If you feel there may be a difficulty meeting these essential functions, please check here and explain below:

G. SIGNATURE

I certify that

- I have read and understand all questions, statements, and addendums to this application.
- All my responses are true.
- All supporting documents submitted for consideration by the Department of Nursing are complete and accurate.
- Falsification of any information may result in immediate dismissal.

Signature

Date



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Essential Functions Required for Admission, Progression, and Graduation

Nursing is an occupation which involves daily contact with individuals and requires the ability to perform a wide variety of activities. Indicated below are essential functions which all MU Nursing students will be expected to perform for admission to, progression in, and graduation from the MU BSN program.

Core Performance	Standard	Examples of Necessary Activities (not all-inclusive)
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and client responses.
Mobility	Physical abilities sufficient to lift up to 50 lbs. unassisted, move from room to room, and maneuver in small spaces.	Move around in client rooms, workspaces and treatment areas, administer cardio-pulmonary procedures, and lift, pull and transfer up to 50 lbs. unassisted.
Motor Skills	Gross and fine motor abilities are sufficient to provide safe and effective nursing care.	Calibrate and use equipment, position clients, administer medications orally and parentally.
Hearing	Auditory ability is sufficient to monitor and assess health needs.	Hears monitor alarms, emergency signals, auscultatory sounds, cries for help.
Visual	Visual ability is sufficient for observation and assessment necessary in nursing care.	Observe client responses; recognizes subtle physical changes.
Tactile	Tactile ability sufficient for physical assessment and performance	Performs palpation, functions of physical examination and/or those activities related to therapeutic nursing interventions, e.g. insertion of a catheter or starting an IV.
Critical Thinking	Sufficient for clinical judgment and a trusting relationship	Identify cause/effect relationships in clinical situations, develop nursing care plans.
Smell	Detect odors sufficient to maintain environmental safety and client needs	
Behavior	Mental and physical ability to demonstrate good judgment in decision making, in order to maintain safety and security of clients and to behave appropriately with clients, staff, students, and supervisors	
Accountability and responsibility	Ability to understand and abide by legal and ethical standards	

I certify that I have read, understand, and meet the MU Department of Nursing Essential Functions Required for Admission, Progression, and Graduation in the BSN Program. Any misrepresentation, falsification, or material omission of information from the applicant/student may exclude the student from continued clinical participation or may result in immediate dismissal from the program.

Printed Student Name _____

Student Signature _____ Date _____



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Use this page for any additional explanations (if needed):

From Section D, Educational Information. List additional scholastic honors below:

From Section D, Educational Information. Explanation for past school or nursing program suspension:

From Section E, Background Information. Explanation for prior charges or convictions: