



LOUISIANA
CHRISTIAN
UNIVERSITY

**Rife and Carolyn Saunders
Division of Nursing
Application Process for Fall 2024**

Dear Applicant:

Thank you for your interest in Nursing at LCU! We are excited to begin our new BSN program designed with enhanced clinical reasoning and Next-Gen NCLEX -RN® success in mind. Please take a moment to read this entire packet. Only completed applications will be considered for admission. The deadline to apply for Fall 2024 admission is **April 15, 2024**. All pre-requisite and pre-nursing courses must be completed prior to Fall 2024 courses.

Special Notice to International Applicants:

Nursing CAS is unable to evaluate international transcripts. International transcripts must be evaluated by one of the following services accepted by Louisiana Christian University. www.wes.org/ or <https://www.ece.org/> or www.jsilny.org/. The Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) is required of all applicants whose first language is not English, regardless of current residency status. Submit results to the admissions department.

For questions, please contact 318-487-7127. Or email: sonda.dyer@lcuiversity.edu.

In His Service,

Dr. Tomekia Y. Lockett

Dr. Tomekia Y. Lockett

Email: Tomekia.lockett@lcuniversity.edu

Phone: 318-487-7147

Dean of Nursing Louisiana Christian University Rife and Carolyn Saunders Division of Nursing



Application Process for Fall 2024

All prospective nursing students must complete the 3-step application process.

1. The first application is to the university. All prospective nursing students must be admitted to Louisiana Christian University. This application is found online at: [Undergraduate Admissions – Louisiana Christian University \(lcuniversity.edu\)](https://www.lcuniversity.edu/undergraduate-admissions)
2. The second application is to the Nursing CAS. The application is found online at <https://www.nursingcas.org/>
3. The third application is the Division of Nursing(DON) application. The application can be found online at: [LCU DON Application](#). The deadline for DON application is **April 15th** during the Spring term prior to Fall term admission (or the first business day after if April 15th falls on a weekend).

Louisiana Christian University

Division of Nursing

1140 College Drive Box 556

Pineville, LA 71359

Or email to sonda.dyer@lcuniversity.edu

4. Please include the following:
 - Official** transcripts from all universities and colleges previously attended sent to Louisiana Christian University registrar's office.
 - Official** TEAS score (TEAS scores are required for TBSN students only)
 - Students may register to take the TEAS by submitting payment through [ATI Testing | Nursing Education | NCLEX Exam Review | TEAS Testing](#).
 - The cost for TEAS test is the responsibility of the student.
 - Test completion for all admission assessments must be the most recent version of the TEAS exam.
 - A copy of the TEAS test results must be submitted electronically from the testing company directly to the LCU DON.
 - A maximum of three (3) attempts on the indicated pre-admission assessments is permitted. (Students are required to wait 30 days between each attempt).
 - **Official** TEAS score (TEAS scores are required for TBSN students only)



Please Type or Print Legibly.

Name: _____ Social Security Number: _____

Application Date: _____

Term/Year to Enter: _____

Program: Traditional BSN Accelerated BSN

Have you had an official transcript of ATI TEAS scores sent to the Division of Nursing?

Yes No

Mailing Address (all correspondence from the Division of Nursing will be sent to this address unless the student changes the address with the Division of Nursing Administrative Assistant):

Phone Number: _____ Email: _____

Please answer the following questions:

1. Have you attended another nursing program: Yes No

If yes, please include a letter of good standing that you can return to the nursing program.
The letter must be from the nursing program.

2. Do you hold, or have you ever held a license in another health care discipline?

Yes No

If yes, what type and do you have any action pending against your license? _____

3. Have you ever been convicted of a felony? Yes No

4. Have you ever been arrested, charged with, ticketed (excluding speeding or parking tickets), summoned, or received a citation for any criminal offense in any state including misdemeanor, felonies, and juvenile offenses? Yes No



5. Have you ever been arrested, charged with, convicted of, pled guilty or no contest o, or sentenced for any criminal offense in any state? Yes No
6. Are you able to pass a hair follicle drug screening? Yes No
7. If you are an ABSN student, what is your previously earned bachelor's degree? _____

*All nursing students must have approval from the Louisiana State Board of Nursing to enroll in clinical courses. This is in accordance with the LSBN practice act.

Your signature below verifies that:

I understand that I must maintain high scholastic standards, develop adequate nursing skills, and exhibit those personal qualities that are necessary for professional nursing practice. I verify that I possess the physical and emotional skills required for professional nursing practice.

I verify that the information in the application is complete and accurate. I understand that falsification of information is grounds for dismissal from the Division of Nursing of Louisiana Christian University. I agree to abide by the regulations and policies of Louisiana Christian University and the Division of Nursing if admitted.

Signature

Date