



MARY BLACK SCHOOL OF NURSING Baccalaureate Degree Program

Application for Admission

Please read the application carefully and fill it in completely. Incomplete or late applications will not be accepted.

Admission Requirements

Admission into the upper division, or final two years of study, in the Nursing program is competitive. All applications are carefully reviewed by the School of Nursing's Admissions and Progression Committee.

Minimum admission qualifications:

- Applicants must be admitted to the University of South Carolina Upstate
- Completion of all pre-requisite courses (lower general education studies) with a grade of "C" or better is required
- Minimum GPA of 2.5 on a 4.0 scale
- Only 1 nursing course or required science course may be repeated to earn a grade of "C" or better. If courses are repeated, both grades will be included in the calculation of the GPA.

Criminal Record Background Check

To be in compliance with University agreements with our clinical agencies, all potential students must complete a Criminal Record Background Check (CRBC). The CRBC form will be mailed to you at a later date. The CRBC includes a 7-year Criminal History record search, Social Security Number/Residency verification, OIG--Medicare/Medicaid fraud, Nationwide Sexual Offender Registry search and the Patriot Act Known Terrorist & Narcotics Trafficking search. Please note: If you are an international student it may require additional time and there may be additional fees. *Please send a SASE- business size – with your application in order to send the Criminal Record Background Check forms.*

Submit Completed Application and SASE to:
Office of Nursing Student Services
Mary Black School of Nursing
800 University Way
Spartanburg, SC 29303

Deadlines for Admission

- December 1st for following Fall Semester
- May 1st for following Spring Semester

What courses are you presently taking?

| Course | Semester & Year | Where |
|--------|-----------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

List all other remaining prerequisite courses below:

| Course | Semester & Year | Where |
|--------|-----------------|-------|
| | | |
| | | |
| | | |
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| | | |

Do you have any disabilities? Yes No

If yes, please list _____

Please read the catalog for a list of the required core performance standards as defined by the Southern Council on Collegiate Education for Nursing (SCCEN). The standards include, but are not limited to, critical thinking and related mental abilities, communication and interpersonal abilities, physical activities, hearing and smell. The catalog is available online at <http://www.uscupstate.edu>.

Demographic Information

Admissions decisions are not affected by this information and it will be kept confidential. It is requested for statistical reporting only and is optional, but it will help us better serve your needs.

US Citizen: Yes No

Gender: Male Female

Ethnic Background:

White, not of Hispanic origin Black, not of Hispanic origin Hispanic

Native American/Alaskan Native Asian or Pacific Islander Other

I certify that the information on this application is true and complete to the best of my knowledge.

Student Signature _____ Date _____

The University of South Carolina provides equal opportunity and affirmation action in education and employment for all qualified persons regardless of race, color, religion, sex, national origin, age, disability or veteran status.

**Mary Black School of Nursing
Checklist for Criminal Record Background Check**

I will send in my information and fee for the Criminal Record Background Check (CRBC) to the CRBC company, and will sign to have the information released to the Dean of the Mary Black School of Nursing.

Initials

I give the Mary Black School of Nursing at USC Upstate permission to receive the results of my CRBC and to provide such results to clinical agencies for the restricted purpose of determining my suitability to participate in the clinical practicum courses in the Mary Black School of Nursing Baccalaureate Nursing program. The results of my CRBC may not be shared with any other entity without my express written permission.

Initials

I understand that I am to advise the Mary Black School of Nursing at USC Upstate of any arrests or criminal charges subsequent to my completing this form and that failure to do so may result in dismissal from the clinical practicum course.

Initials

I understand that the Mary Black School of Nursing at USC Upstate will keep the CRBC reports in a confidential area, and that these reports will be maintained for 3 years following my last completed nursing course at USC Upstate.

Initials

I understand that if it is necessary to reapply for initial acceptance to the Mary Black School of Nursing at USC Upstate, the CRBC will need to be repeated. I further understand that if there is ever an interruption in my enrollment, I will have the CRBC repeated when I return to the nursing program.

Initials

I will send a self-addressed, stamped, business-sized envelope with my application to the School of Nursing for the purpose of sending me the Criminal Record Background Check forms.

Initials

Name (print)

Signature

Date

The CRBC form will be mailed to you at a later date in your SASE. You will submit the form directly to the CRBC company at that time.