

Application Checklist

Applying to the ABSN option consists of two important steps.

Failure to complete all requirements for both applications will prevent students from being accepted to the program.

Step 1 – Application process to the Division of Nursing must be submitted by September 1st.

- Submit completed ABSN Option Application Form to:

**Winston-Salem State University
Division of Nursing
601 S. Martin Luther King Jr. Dr.
207 F. L. Atkins Building
Winston-Salem NC 27110**

- Submit **unofficial** copies of transcripts from **all** colleges/universities (**DO NOT SUBMIT DEGREE AUDITS**)
- Submit unofficial or official copies of SAT or ACT test scores

Note: No application will be accepted prior to August 1 or after September 1.

Step 2 - Application process to Winston Salem State University:

- ✓ Submit completed WSSU Admissions Application to the WSSU Admissions Office or apply online at <https://www.wssu.edu> after **September 1st**. Apply as a "**Second Degree**" student for the "**Spring Term**" of the upcoming year.
- ✓ If you have applied for a previous term, and you are not currently enrolled as a Second Degree seeking student, you must reapply. For further information, please contact the Office of Admissions at 1-800-257-4052
- ✓ Pay \$50.00 admissions application fee
- ✓ Submit **official** copies of transcripts from **all** colleges/universities previously attended to the WSSU Admissions Office.

NOTE: All items must be received in the WSSU Admissions Office on/before October 1st in order to process admissions application for the spring semester. The Office of Admission does not forward transcripts of the student to the Division of Nursing for review. Once a student has been accepted to WSSU, they will be contacted to confirm admission to the university.



WINSTON-SALEM STATE UNIVERSITY

ABSN OPTION APPLICATION

WINSTON SALEM STATE UNIVERSITY

THE SCHOOL OF HEALTH SCIENCES

DIVISION OF NURSING

Date: _____

First Time Applying: Yes ☐ No ☐ if no date applied:

The personal data requested on this form is needed by the Division of Nursing to provide aggregate data to regulatory and accrediting agencies and to meet clinical agencies' requirements. All student information will be kept confidential and will be used only as indicated above. By providing the information requested in this document, you give permission to **Division of Nursing** to utilize the information as stated above.

Last Name:	First Name:	Middle Name:	Maiden Name
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Address:	City:	State:	Zip:	County
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DOB:	Age:	Gender:	Marital Status:	Veteran Status:
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US Citizen: Yes or NO	If no, indicate country	Rural Residential background (Yes or NO):
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Home Telephone:	Cell Phone:	WSSU Email:
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Other Email:	Next of Kin:	Contact Information:
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Race/Ethnicity

- ☐ African American
- ☐ Caucasian
- ☐ Native American (indicate country)_____
- ☐ African (indicate country)_____
- ☐ Hispanic (indicate country)_____
- ☐ European (indicate country)_____
- ☐ Asian (indicate country)_____
- ☐ Pacific Islander (indicate country)_____
- ☐ Other (indicate country)_____

Education Background:

Previous College (s)/ dates attended / degree (copies of transcripts attached):

1. _____

2. _____

3. _____

4. _____

5. _____

Degree Obtained: _____

Date of Graduation: _____