BACHELOR OF SCIENCE IN NURSING
SCHOLAR'S EDGE
BSN DIRECT ENTRY PACKET SPRING 2026
FOR FALL 2026 PLACEMENT

Please print in black or blue ink.

Please print this application one sided.
Please carefully read the application and review it for completeness before signing.
AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE PROCESSED.

Last Name: _____ First Name: _____

Preferred Name: _____ Student ID: _____

Mailing Address**: _____
**Notification of acceptance/non-acceptance will be mailed to this address

City: _____

State: _____

Zip: _____

Telephone Number: _____ Cell: _____

Tech Email: _____

Personal Email: _____

- **Applications Accepted:** April 1, 2026
- **Application Deadline:** May 1, 2026 (3:00 p.m.)

Complete applications must include the following by the May 1st deadline:

- ☐ Unofficial Transcript
- ☐ Completed and signed (by student) Grade Worksheet (attached).
  Faculty will sign after submission and review.
- ☐ Completed and signed (by student) Immunization, CPR and TB Verification Form (attached).
  Faculty will sign after submission and review.
- ☐ Copies of the following (from the Immunization, CPR and TB Verification Form):
  - ❑ Current CPR certification (infant through adult).
    The **ONLY** Accepted CPR courses are:
    American Heart Association: BLS or Health Care Provider
    OR **American Red Cross: BLS or Professional Rescuer**
  - ❑ Current Influenza Vaccination. (Must be completed annually)
  - ❑ Current evidence of freedom from active Tuberculosis. (TB skin test or chest x-ray. Must be completed annually).
  - ❑ Tdap vaccine within the last 10 years. (Must be current throughout program)
  - ❑ Two MMR vaccines or MMR positive titer.
  - ❑ Completion of Hepatitis B vaccine series or positive titer.
  - ❑ Varicella vaccination series or positive titer.
- ☐ Completed, signed, and initialed Direct Entry Packet.
- ☐ Completed Order Form for scrub tops.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Prerequisite Requirements

- ◻ General Education courses must have been completed within 10 years, unless a previous bachelor's degree has been awarded.
- ◻ Science and Math courses must have been completed within 5 years.
- ◻ A grade of **"C+" or higher is required for all nursing courses** and **a "C" or higher is required for all non-nursing courses**.
- ◻ **Pre-requisite courses may only be repeated one time**. GPA calculation is based on the grade from the retake of the course.
- ◻ **Scholar's Edge Applicants are required to maintain a cumulative GPA of 3.5 to qualify for direct entry.** If the cumulative GPA of 3.5 has not been maintained, the student must take the TEAS exam to complete application. The minimum acceptable TEAS score is 68%. The Scholar's Edge TEAS exam is scheduled for Wednesday, May 20th from 12:00-4:00pm. The deadline to sign up for the TEAS exam is Monday, May 18th at 12:00pm.

Grade Worksheet

Please complete the information requested with a letter grade for each attempt, if a course was taken more than once, and semester the course was completed, if not currently enrolled.

Table 1Grade Worksheet

Required Prerequisite Course If there is an OR option, please select the course taken.	**Grade** Please enter the grade you earned.	**Select** Currently Enrolled – Spring 2026 OR If complete – fill in the year and semester taken for the most recent attempt
BIOH 201: Anatomy & Physiology I	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
BIOH 202: Anatomy & Physiology I - Lab	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
BIOH 211: Anatomy & Physiology II	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
BIOH 212: Anatomy & Physiology II - Lab	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ **CHMY 121**: Intro to General Chemistry **OR** ☐ **CHMY141**: College Chemistry I	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ **CHMY 122**: Intro to Gen Chemistry - Lab **OR** ☐ **CHMY142**: College Chemistry I - Lab	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ **WRIT 201**: College Writing **OR** ☐ **WRIT 322W**: Advanced Business Writing	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ **M121**: College Algebra **OR** ☐ **M 104**: College Math for Healthcare	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
NUTR 258: Fundamentals of Nutrition	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
PSYX 230: Developmental Psychology	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer

BIOM 250: Microbiology for Health Sciences	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
BIOM 251: Microbiology for Health Sciences - Lab	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ **NRSG 107**: Perspectives in Professional Nursing **OR** ☐ **NRSG 100**: Introduction to Nursing	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ WRIT 101: College Writing I **OR** ☐ WRIT 121: Intro to Technical Writing	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
PSYX 100: Introduction to Psychology	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
SOCI 101: Introduction to Sociology	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ **STAT 131**: Introduction to Biostatistics **OR** ☐ **STAT 216**: Introduction to Statistics	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
☐ **HCI 316**: Health Care Ethics and Regulation **OR** ☐ **PHL 325W**: Professional Ethics	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer
HUMN _____: Humanities	1st Attempt: _____ 2nd Attempt: _____	☐ Currently Enrolled – Spring 2026 OR _____ Year ☐ Fall ☐ Spring ☐ Summer

_____ _____

Student Signature Date

_____ _____

Faculty Signature Date

Immunization, CPR and TB Verification Form

Please insert dates below as applicable.

Name of Student: _____ Student ID: _____ Birthdate: _____
(Print Clearly)

MMR (measles, mumps, rubella) *2 doses or positive titer*

MMR Record 1 _____/_____/_____ Record 2 _____/_____/_____
*Use below **only** if measles, mumps and rubella vaccinations were administered separately.*
Measles ____/____/_____, mumps____/____/_____, rubella____/____/_____
Measles ____/____/_____, mumps____/____/_____, rubella____/____/_____
OR Positive titer dates for Measles ____/____/_____, mumps____/____/_____, and rubella____/____/_____

Varicella (chickenpox) *2 doses or positive titer*

Vaccination dates_____/_____/_____ AND _____/_____/_____ (two recommended by the CDC)
OR positive titer date____/____/_____

Hepatitis B *Completion of 2 or 3 dose series or positive titer*

(Engerix-B) Record 1_____/_____/_____Record 2_____/_____/_____Record3_____/_____/_____ OR
(Heplisav-B) Record 1_____/_____/_____Record 2_____/_____/_____ OR Positive Titer date ____/_____/_____

tDap (tetanus/pertussis) *Within the past 10 years. Note this must be Tdap not TD or DPT*

Date received____/____/_____

Influenza Vaccine *Completed annually*

Date received____/____/_____

TB Test (PPD-tuberculosis) *Completed annually*

Date received____/____/_____ OR Date of chest x-ray____/____/_____

CPR * BLS Provider or American Red Cross Professional Rescuer. Recertification required every 2 years*

Date received____/____/_____

_____ _____
Student Signature Date

_____ _____
Faculty Signature Date

Proof of this information is to be kept and maintained by the nursing department.

Registration Waiver

I have applied for acceptance into the BSN clinical component for Fall 2025. At the time my application was submitted, I was registered in 4th semester nursing classes, NRSG 230, Nursing Pharmacology, NRSG 210, Foundations of Professional Nursing, NRSG 215 Assessment of Health Promotion, and NRSG 256 Pathophysiology.

I realize I will be automatically dropped from NRSG 230, Nursing Pharmacology, NRSG 210, Foundations of Professional Nursing, NRSG 215 Assessment of Health Promotion, and NRSG 256 Pathophysiology if I am not accepted.

_____ _____

Student's Name
(Print Clearly)

Student's Signature

Date: _____

Please initial each line.
With initialing and signing below, the student verifies understanding of the information. It is the student's responsibility to contact the nursing department with questions PRIOR to initialing and signing the application.

_____ I have applied for acceptance into the BSN clinical component for Fall 2026. I will be automatically registered for NRSG 230 (Nursing Pharmacology), NRSG 210 (Foundations of Professional Nursing), NRSG 215 (Assessment and Health Promotion), and NRSG 256 (Pathophysiology). If I am not accepted into the nursing program, I will be automatically dropped from these courses.

_____ I will be notified by email and US mail, postmarked no later than **June 1, 2026**, whether or not I have received Fall 2026 placement in the BSN program. **No information will be provided over the phone.**

_____ Students who meet minimum requirements and are not offered placement will automatically be placed on the Fall 2026 wait list. The wait list is maintained only until the first week of Fall semester 2026.

_____ Upon admission to the program and **EACH** semester, **mandatory** orientation is required. Orientation may be held prior to the beginning of the academic semester.

_____ **Attendance to the new student orientation, 8:30am-4:00pm the Friday before classes begin, and the first week of class is mandatory. If unable to attend, student must decline admission placement.**

_____ I have no history of a felony conviction. **Applicants who have been convicted of a felony will not be admitted or allowed to continue in the nursing program.**

_____ Acceptance to and graduation from the Nursing Program does not assure eligibility to sit for the nursing licensing examination. The Montana Board of Nursing makes all final decisions on issuances of licenses.

_____ **Scholar's Edge Applicants are required to maintain a cumulative GPA of 3.5 to qualify for direct entry.** If the cumulative GPA of 3.5 has not been maintained, the student must take the TEAS exam to complete application. The minimum acceptable TEAS score is 68%.
I understand that the selection to the Nursing Program will be comprised of 60% selective GPA and 40% TEAS score. **The TEAS can only be taken one time in the semester you are applying.**

Print Name_____

Student Signature _____ Date_____

Faculty Signature _____ Date_____

Campus Store Order Form and Price List

Prices subject to change

To ensure an adequate amount and correct sizing **scrub tops need to be ordered when applications are submitted**. Students will be notified when scrub tops are ready for pick-up, payment is due at that time. The following items will also be available for purchase at the Campus Store, but do not need to be ordered prior to the beginning of the semester.

Unisex Hunter Green Scrub Top (Minimum of 2) $28.95

Size	Quantity	Size	Quantity
Extra Small	_____	Extra Large	_____
Small	_____	2XL	_____
Medium	_____	3XL	_____
Large	_____	4XL	_____

Nurses Kit		Quantity
Includes: Classic Stethoscope, Blood Pressure Cuff, Scissors, Penlight, Measuring Tape, Carrying Case	$60.95	_____

Gait Belt		Quantity
Gait Belt	$13.95	_____

Name: _____ Student ID: _____

Phone: _____ Email: _____