



**MONTANA STATE UNIVERSITY BILLINGS
CITY COLLEGE
ASSOCIATE OF SCIENCE DEGREE NURSING PROGRAM
APPLICATION FORM**

**APPLICATION DEADLINE: MUST BE RECEIVED NO LATER THAN 12:00 PM
ON May 24, 2024**

Recommend that applications be hand delivered, but can be mailed, faxed, or emailed.

Susan Floyd, Nursing Director

sfloyd@msubillings.edu

3803 Central Avenue

406-247-3026 (fax)

Billings, MT 59102

The Kaplan Admission test will be required for this application period. See “Kaplan Testing Information” under Admission to Registered Nursing on website.

<https://www.msubillings.edu/citycollege/programs/progrn.htm>

Questions/clarifications can be emailed to sfloyd@msubillings.edu.

**TO BE ELIGIBLE FOR CONSIDERATION, YOU MUST BE ADMITTED TO MSU BILLINGS
PLEASE CONTACT NEW STUDENT SERVICES AT 406-247-3000**

LAST NAME

FIRST NAME

MSU BILLING STUDENT ID#

E-MAIL ADDRESS

STREET ADDRESS

TELEPHONE NUMBER

CITY, STATE, ZIP

ARE YOU CURRENTLY AN LPN? ☐ Yes ☐ No (Attach a copy of your certificate or license)

What is your selective GPA? (Students must have at least a 2.75 selective GPA)

Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult. ☐ Yes ☐ No

Attach copies of *all* college transcripts including MSU Billings.

Applicants must have a “C” or better in the following prerequisite courses for admission to the program.

COURSE	NAME	GRADE	TERM	APPROVED SUBSTITUTION
BIOH 201	Human Anatomy and Physiology I			
BIOH 202	Human Anatomy and Physiology I Lab			
CHMY 121	Introduction to General Chemistry (3)			
CHMY 122	Introduction to General Chemistry Lab (1)			
M 140	College Math for Healthcare			
WRIT 101	College Writing			

List **all** colleges and/or universities attended.

Institution	Location	Dates of Enrollment	Degree/Major

List employment history, most recent first during the past five years. **If using medical employment for points then provide documentation from the human resources department that includes job title, dates of employment, and HR contact information.**

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I understand that enrollment in the Nursing Program signifies my willingness to conduct myself in accordance with the appropriate standards of personal behavior and to adhere to the academic policies and other regulations stated in the catalog. I grant permission for Nursing Department to review my updated transcript for the purposes of this application.

Student Signature

Date