



School of Nursing
Bachelor of Science in Nursing Program
Application for Admission

Choose desired campus

- Albert A. Sheen Campus (STX) – 10000 Castle Burke, Kingshill, VI 00850-9960
- Orville E. Kean Campus (STT) - # 2 John Brewers Bay, St. Thomas, VI 00802-9990

Student's Name (please print): _____

UVI Student ID#: _____

Student's Personal Email Address: _____

Mailing Address: _____

(City) (Zip Code)

Physical Address: _____

(City) (Zip Code)

Student's Cell: _____ Emergency Contact Name: _____

Emergency Contact Phone: _____ (Relationship) _____

Application submitted for enrollment: Full time Part time

Are you employed? YES NO Name of employer: _____

Number of hours worked per week: _____

List below all previously attended colleges/universities. List in order of attendance, beginning with the last school attended.

College/University	City & State	Dates Attended	Major area of study	Degree Earned

Submit official transcripts in sealed enveloped and included with your application. Students enrolled in a college/university at the time the application should have updated transcripts sent at the close of the semester.

Have you ever been suspended or dismissed from any college/university for scholastic or disciplinary reasons? YES NO

If YES, provide the name of the institution, date, and reason for this action.

Have you previously attended a school of nursing? YES NO

If YES, provide the name of the institution, date, and reason for leaving?

Do you have a current, unencumbered RN license to practice in any USA state/territory?

YES NO

If YES, please indicate state(s)/territory of licensure and attach copy(s):

(State/Territory)

(License Number)

(Exp. Date)

- Transfer applicants** who have been enrolled in another nursing program or wish to transfer into the BSN program must contact the administrator of the previous institution and request that a letter be mailed directly to the Dean of School of Nursing (Dr. Lisa Lewis) indicating their academic standing.
- BSN completion applicants only:** BSN completion applicants must be licensed as a registered nurse (RN) or be within 4 years of completion of their generic nursing program.
- Graduates of foreign nursing schools** must have a current, unencumbered license in the USA or territories to qualify for admission, all RNs must submit proof of licensure.

The admissions committee will consider your application if it includes the following.

- Application for Admission Form**
- Official transcripts** (currently enrolled UVI students may submit an unofficial transcript)
- Results of TEAS** (minimum of basic proficiency is required, the science portion of the TEAS will require a 60% score, as of 2021)
- Two (2) recommendations** from a professor, a supervisor, or employers using the form designed for that purpose. The recommendations should be submitted before September 30 to Ms. E. George on STT and Ms. D. Simmonds on STX.
- Write a one-page essay** on the following topic: “Nursing: My Career of Choice”. Include at least one citation, font: Times New Roman; font size: 12; line spacing: 1.5; reference page: APA format
- Official letter of good standing** from the applicant’s previous university or nursing program(s). This letter must indicate the applicant is in good standing and eligible for re-admission.
- Copy of RN license** (BSN completion applicants)

Deadline for submission: September 30

Submit completed application and all supporting documents.

Ms. E. George - elion.george@uvi.edu OEK Campus (340-693-1290)

Ms. D. Simmonds – damalia.simmonds@uvi.edu AAS Campus (340-692-4010)

I certify that the answers I have given to each and all the foregoing questions are true to the best of my knowledge. I understand that falsification of any information on this form or violations of academic integrity will subject me to dismissal from the Program. I further certify that I have read and understand the instructions for the completion of this application. The information I have provided is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____



For Program Use ONLY:

Date application received: _____

Applicant's status: New Student ____ Transfer Student ____ BSN Completion Student ____

Documents submitted:

	Document	Comment
	Completed application form	
	Official transcripts – unofficial transcripts	
	TEAS results	
	Essay	
	Letters of recommendation (2)	
	Official letter of good standing (if applicable)	
	Copy of RN license (if applicable)	