

HOPE COLLEGE



Student Admission Information

The deadlines for application submissions are February 1st for fall semester admission and October 1st for spring semester admission.

Admission Process

1. All applicants to the Nursing program must first be accepted into Hope College.
2. A secondary admission to the Nursing major is required. All applicants must be in good standing with a minimum 3.0 cumulative GPA. Preference is given to students who have completed 12 credits at Hope College.
3. The Nursing program does not accept transfer students directly into the Nursing major. Please see [this website](#) for more information.
4. Print or type all information on the Application Form.
5. Register to take the [Test of Essential Academic Skills \(TEAS\) Exam](#).
6. As part of the admission process to the Hope College Nursing Program, all applicants are required to write an essay on a computer in a proctored group setting immediately after the T.E.A.S. testing. In this essay, students will describe their potential as a nursing student and their long-term professional goals as a nurse. Students will be encouraged to give examples of critical thinking, caring, communication, and personal characteristics.
7. Submit the Application Form to the address in #9 below.
8. If college classes have been taken at a college other than Hope:
 - Arrange to have official transcripts of all college credits sent directly to the Hope College Nursing Office.
 - Submit a description of the course to the address in #9 below.
 - Additionally, obtain a written statement from a faculty person within the appropriate department at Hope College who has reviewed the course you have taken and approves its equivalency to the required course at Hope College. Submit to the address in #9 below.

9. Request two references from two professional people (non-family) who know you well. One should be a college professor. Ask that they return the appropriate Student Reference Form in a sealed envelope directly to the address in #9 below.

- [Hope College Student Reference Form](#)

10. Mail all documents to:

**Hope College Nursing Department
Attention: Nursing Department Chairperson
35 E 12th Street
Holland, MI 49423-3698**

11. Items described in 4 and 5 can be submitted at anytime to the Nursing Department. To be considered for admission for a subsequent semester it is required to submit your application by February 1st for a fall semester admission and by October 1st for a spring semester admission. Students will receive a response prior to registration.

Guidelines for Selection

1. The following guidelines must be met for consideration into the nursing program: Cumulative minimum grade point average of 3.0
 - Minimum grade point of 2.0 or C in each required pre-nursing course.
 - It is strongly recommended that the following courses, if completed, be within 10 years of application to the program: BIOL 103, BIOL 221, BIOL 222, BIOL 231, CHEM 103, KIN 307, MATH 210, PSY 100, PSY 230, and SOC 101. Variations from this recommendation will be reviewed on an individual basis.
 - One required prerequisite science course (such as Bio 103) must be completed with a grade of 2.0 or C or better.
1. Consideration is given to the following factors identified in the Goal Statement Essay and Reference Forms
 - Critical thinking: goal directed, creative, utilize a problem solving process
 - Caring: compassionate
 - Communication: demonstrates leadership effective speaking, writing, & listening skills
 - Personal Characteristics: demonstrates leadership, dedicated, honest, demonstrates integrity, organized, respectful, value based, accountable, emotionally mature

2. The number of admissions to the nursing program per year is limited. Student applications will be rank-ordered based on cumulative grade point average, grade point average in the pre-requisite courses, essay score, ACT or SAT scores, and letters of reference. Applicants who submit applications after the due date will be placed last on the rank-order list.

HOPE COLLEGE NURSING DEPARTMENT

Student Admission Application Form

NAME: _____
(Last) (First) (Middle)

Student ID # _____ Advisor _____ Status: Full time _____ or Part time _____

Planning to Start Nursing Program: Fall Semester _____ Spring Semester _____ Year _____

Do you plan on studying abroad: Yes _____ or No _____ If yes when? _____

Do you plan on studying with Chicago or Philadelphia Semester: Yes _____ or No _____

Campus Address: _____
(Street) (City) (State) (Zip)

(Name of Cottage) or (Name of Dorm and room number)

(Telephone) (campus e-mail address)

Citizenship (circle one): US Citizen Non-US resident

Race/Ethnicity (circle one): White African American Hispanic or Latino

Asian American Indian Alaskan Native Native Hawaiian Pacific Islander
(Important in determining efforts toward providing equal opportunities)

Parent Name: _____ Telephone: _____

Permanent Address _____
(Street) (City) (State) (Zip)

Colleges Attended/Attending (if other than Hope College) **Are you a transfer student to Hope College? Y _____ N _____**
(Check one)

<u>Name</u>	<u>Dates</u>	<u>Degree or Diploma</u>
-------------	--------------	--------------------------

- Register for TEAS exam.
- Indicate the two people from whom you have requested letters of reference below:
(See Admission Information) To print the reference form, click here.

<u>Name</u>	<u>Title</u>	<u>Address</u>
-------------	--------------	----------------

I give the nursing department permission to review my Hope College transcript.

Student signature Date

Send all information to: **Hope College Nursing Department**
Attention: Nursing Department Chairperson
35 E. 12 St.
Holland, MI 49423

HOPE COLLEGE NURSING DEPARTMENT

Student Reference Form

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access.

(Applicant complete top section)

Name of Applicant: _____

_____ (Date)

(Optional) I hereby waive my right of access to the material recorded below.

(Signature of Applicant)

(Person providing reference complete section below)

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

In completing this form, please rate the applicant in comparison to the other students or employees you have known. All completed forms will be treated confidentially.

	<i>Outstanding</i>	<i>Satisfactory</i>	<i>Needs improvement</i>	<i>Unsatisfactory</i>	<i>No basis for judgement</i>
Caring: compassionate, empathetic Comments:					
Critical Thinking: goal directed, creative, utilize a problem solving process Comments:					
Communication: Demonstrates effective speaking, writing, & listening skills Comments:					
Personal Characteristics: demonstrates leadership, dedicated, honest, demonstrates integrity, organized, respectful, value based, accountable, emotionally mature Comments:					

(Printed Name)

(Address)

(Position)

(Telephone)

Signature _____

Date _____

Return to: Hope College Nursing Department
 Attention: Nursing Department Chairperson
 35 E. 12th Street
 Holland, MI 49423-3698