



DIVISION OF NURSING

ADMISSIONS DISCLOSURE FOR THE AAS IN NURSING PROGRAM

To be considered for acceptance into the ASA College’s Associate of Applied Degree in Nursing (AAS) Program, I understand that I must meet the following requirements outlined below:

- Initial ____ 1. Valid High School Diploma or GED.
Initial ____ 2. Accuplacer placement test, I must have a score above remedial level. No remedial courses are allowed in the associate degree program in Nursing.
Initial ____ 3. College Math and transferable Science courses MUST have a grade of B or better. Student’s minimum Cumulative GPA (CGPA) must be 3.0 or better.
Initial ____ 4. Transfer Students: Effective Summer 2019 semester, Nursing students who transfer college credits must have earned a grade of 2.0 (C or better) in General Education courses and a grade B or better in College Math/College Algebra or equivalent.
Initial ____ 5. Effective Spring 2021 semester, applicants for the nursing program must meet a minimum passing score on the ATI TEAS exam of 66.1% or higher before the admission packet is presented to the Nursing Faculty Admission Department for review and approval.
Initial ____ 6. After meeting the requirements as stated above, the candidate's admission packet is submitted to the Nursing Faculty Admissions Committee.
Initial ____ 7. I understand that the rubric for admissions evaluation will be norm-referenced in terms of incoming cohort of applicants. *Please note that meeting the minimum admission requirements does not guarantee an applicant’s admission into the nursing program. *
Initial ____ 8. Due to New York State Office of Profession’s mandate, only 30 admissions will be accepted in the Spring and Fall semesters.

I, _____, fully understand all the requirements outlined herein, and (Prospective Student's Full Legal Name)

understand that it is my responsibility to seek guidance from the Admissions department regarding the NLN exam and admission packet as part of the ASA College admittance procedures for the AAS program.

(Prospective Student's Signature)

(Institutional Representative Name and Signature)

(Date)

(Date)

