MONTANA STATE UNIVERSITY NORTHERN

Nursing

Associate of Science in Nursing Program

Student Information and Application
2025

Applications are accepted from May 1, 2025 to June 10, 2025

Applications must be postmarked no later than June 10, 2025. **No late applications will be accepted**. Accepted applicants will be notified by July 01, 2025 for Fall 2025 semester. MSU-Northern Department of Nursing does not maintain a waiting list. Applicants must reapply each year to the program.

(Applications are subject to change from year to year)

Requirements for Applying to the Associate of Science in Nursing program:

- Apply for admission to Montana State University-Northern *(a separate application to the University is required; obtain form from the Admissions Office or online at* https://applymontana.mus.edu/apply.html. **Students must be admitted to the University prior to the submission of the Associate of Science Nursing Program Application. Therefore, no applications will be reviewed unless the applicant applies first to the university and official transcripts are reviewed by Registrar.**

- Submit official transcripts from any college and/or university that you have attended or are currently attending. Submit electronically using "National Student Clearinghouse" or mail transcripts to *MSU-Northern Registrar's office, P.O. Box 7751, Havre, Montana, 59501.* Transcripts will be evaluated to determine credit allotment and articulation.

- **Obsolete Course Content from MSU-Northern Catalog**: In evaluating coursework from postsecondary institutions, Montana State University-Northern will:
  1. Guarantee that any postsecondary course work taken within five (5) years of being admitted or re-admitted to the campus will be included in the transfer analysis of specific required classes in a major, minor, option or certificate.
  2. Guarantee that any postsecondary course work taken within fifteen (15) years of being admitted or re-admitted to the campus will be included in the transfer analysis of general education core and elective course work.

Course work that falls outside these guarantee periods may be included in the evaluation, at the discretion of the University. This is a discretionary decision and cannot be challenged by students.

***********Course Substitution Forms need to be completed upon acceptance to the program. These need to be completed by Fall semester to ensure all your courses are transferred over to DegreeWorks. Please contact the Department of Nursing office to schedule an appointment to meet by phone, Zoom, or in person.* *************

- A **Selective** Cumulative GPA of 2.50 or higher. A grade of C or higher is required. A grade of C- or lower in any course is not acceptable. (Selective Cumulative GPA calculator Worksheet).

- An **Extracted** GPA of 2.85 or higher from **the following required pre-nursing courses:** College Algebra, Anatomy & Physiology I with lab, College Writing I, and General Chemistry with lab. A grade of C or higher is required. A grade of C- or lower in any course is not acceptable. (Extracted GPA calculator Worksheet).

- **Kaplan Nursing Admissions Exam** with a minimum score of 65% or higher. The score sheet must be dated within this academic year.
  *Attach Kaplan Score Sheet to this Application

- **For Applicants, who have taken courses multiple times:** the most recent grade listed on official transcript will used for GPA calculations

- **Completion of the following courses at time of application**: A&P II with lab and Microbiology with lab, -**attach transcript**

- **Clep grade and Advanced Placement (AP) grade Policy:** For students who have Clep grades or AP grades, these grades do not factor in the Extracted GPA and the Selective Cumulative GPA for the ASN program.

Selection Criteria: (ASN Selection Rubric attached**)**

- Selective Cumulative GPA: 10%
- Extracted GPA: 30%
- Kaplan Admission Exam Score: 30%
- Completed courses: A&PII w/lab and Microbiology with lab   20%
- Value Points: <u>10%</u>
                                                                                                             100% Total Score

To receive the Value Points listed below, you must attach the required documentation to application:

- Current LPN, EMT, CNA, License or any allied health documentation– **Attach Current license/certificate to application**
- Veteran – **Attach a copy of Military ID or copy of DD214**
- Completion of 15 credits at **MSU-Northern-attach transcript**

Notification of Acceptance:

- Applicants will be notified of acceptance, placement on waiting list, or not accepted into the program by the email address listed on the application and a letter of notification will also be sent by U.S. Postal Service by July 01, 2025.

- **Students are required to respond to email by the deadline listed in letter/email to reserve their spot for Fall 2025 semester. If no reply is received by deadline stated in letter/email, then the spot will be given to another student.**

Upon acceptance into the ASN Program:

1. Students are required to set up an account with **CastleBranch**. CastleBranch provides secure storage of student's required documents for the clinical sites. The student is responsible for the fees associated with this account. (Estimated cost $270.00)   For more information: www.castlebranch.com

2. **The Background check must be completed before registering for Fall semester nursing courses.**

   - **Background check** provided through CastleBranch. The cost of the background check is the student's responsibility. *If you have any criminal activity stated on your background check, it is recommended that you contact the Montana Board of Nursing to determine if you are eligible to take NCLEX-RN upon completion of the ASN program.* *http://boards.bsd.dli.mt.gov/nur*

3. The following documentation is required by clinical sites and must be completed in your CastleBranch account **prior to the first day of class, unless noted otherwise:**

   - **Health Insurance Card**

   - **Two-step TB** Skin Test (TST) or QuantiFERON TB test.

   - **MMR** immunization or titer.

   - **Tetanus, Diphtheria, and Pertussis** (Tdap) immunization or titer.

   - **Hepatitis B** vaccination 3 shot series or titer.

   - **Varicella** immunization or titer;

- **Clinical facilities may require other vaccinations and/or additional testing. Responsible of student to pay any fees for these requirements.**

- **Drug testing** is required every fall semester. The test is provided through CastleBranch. The cost of the drug test is the student's responsibility. (*This test will be scheduled for you by the Department of Nursing office after the start of Fall semester).*

- **Influenza** immunization. (This is done during the fall semester, usually in the month of October. (*Do not upload at this time*)

- **American Heart Association BLS certification. ***This course will be offered in the NRSG 233-Foundations of Nursing Lab during fall semester. *(Do not upload to account at this time)*

MSU-NORTHERN NONDISCRIMINATION STATEMENT

Montana State University-Northern is committed to a program of equal opportunity for education, employment, and participation in University activities without regard to race, color, national origin, sex, age, religion, sexual orientation or preference, marital status, physical or mental disability, creed or political belief, or status as a Vietnam era or disabled veteran. This right shall be guaranteed to all students presently enrolled, students applying for admission, employees, and applicants for employment at Montana State University-Northern. For further information on notice of non-discrimination, visit https://ocrcas.ed.gov/contact-ocr for the address and phone number of the office that serves your area, or call 1-800-421-3481.

The following people have been designated to handle inquiries regarding the non-discrimination policies:

Rebecca Farr
Director of Human Resources/Title IX
Coordinator
Cowan Hall 208
MSU-Northern
300 West 11th Street
Havre MT 59501
Phone: 406.265.3568
E-mail: TitleIXCoordinator@msun.edu

Johnna Antonich
Coordinator of Accessibility Services for Students
Cowan Hall 213C
MSU-Northern
300 West 11th Street
Havre MT 59501
Phone: 406.265.3533
Email: johnna.antonich@msun.edu

MONTANA STATE UNIVERSITY-NORTHERN ACCREDITATION

Montana State University – Northern is accredited by the Northwest Commission on Colleges and Universities (NWCCU).

MONTANA STATE UNIVERSITY-NORTHERN DEPARTMENT OF NURSING APPROVAL & ACCREDITATION

Montana State University-Northern Department of Nursing has approval by:
The Montana State Board of Nursing (MT BON)
301 South Park
P.O. Box 2000513
Helena, MT 59620-0513
Phone: 406-841-2300
www.nurse.mt.gov

The Associate of Science Degree in Nursing Program at MSU-Northern located in Havre, Montana is accredited by the

Accreditation Commission for Education in Nursing (ACEN)
3390 Peachtree Road NE, Suite 1400
Atlanta, Georgia 30326
Phone: 404-975-5000
www.acenursing.org

The most recent accreditation decision made by the ACEN Board of Commissioners for the Associate of Science Degree in Nursing Program is Continuing Accreditation.

View the public information disclosed by the ACEN regarding this program at
https://www.acenursing.org/search-programs?status=Accredited

MONTANA STATE UNIVERSITY NORTHERN

Nursing

ASN Program Application
Applications are accepted May 1st to June 10, 2025
No late applications will be accepted

NOTE: Applicants are required to submit a separate application to Montana State University-Northern.

_____1st Application   _____Reapplying

MSUN Student ID: _____

Name: _____
(Print)   First   Middle   (Maiden)   Last

Mailing Address: _____

_____

Telephone Number: _____

Email Address: _____

Ethnicity: This information is requested for our reporting purpose to Accrediting agencies. Please check the block designating your predominant ethnic background. (Optional)

___Hispanic or Latino or Spanish Origin   ___Black or African American

___ Native American Indian or Alaskan Native   ___Asian

___Native Hawaiian or Pacific Islander   ___White, Non-Hispanic

___Multi-Racial   ___Other/Unknown

Date of Birth: _____   Gender: ___Male   ___Female   Other___

Citizenship: ___U.S. Citizen   ___Foreign   ___Permanent Resident VISA-number: _____

Military: ___Yes   ___No   If yes, Military Status: ___Active Duty   ___Veteran   ___Dependent
(if yes, attach copy of military ID or DD215 to application)

Current LPN, EMT, CNA, or any allied health documentation: ___Yes ____No
(Attach current license/certificate to application)

Extracted GPA Calculator Worksheet:

To be eligible to calculate your GPA, the following courses need to be completed with a grade of "C" or higher

Course	Course Name	University/College	Sem/Year	Grade
BIOH 201	Anatomy and Physiology I			
BIOH 202	Anatomy and Physiology Lab			
CHMY 121	General Chemistry			
CHMY 122	General Chemistry Lab			
M 121	College Algebra			
WRIT 101	College Writing I			

Letter Grade	Quality Points
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0

Letter Grade Equivalent Points

To calculate the extracted GPA, take the number of credits of each course and multiple by the corresponding points next to the grade.

Credits X Grade Points = Quality Points

This is the Quality Points. Add all the quality points and divide by the total number of credits. **Any grade below a "C" listed as a zero.**

Write down grade received for each class, if labs are included as a 4-credit class, write grade in both class and lab spaces. If lab grades are counted as 1 credit and are listed separately from didactic class on transcript, write the grade you received for each section.

Course	Course Name	Grade	Credit	Quality Points	Credit X Quality Points =
BIOH 201	Anatomy and Physiology I		3		
BIOH 202	Anatomy and Physiology Lab		1		
CHMY 121	General Chemistry		3		
CHMY 122	General Chemistry Lab		1		
M 121or M140	College Algebra		3		
WRIT 101	College Writing I		3		
			Total=		Total=

Total Points (column)_____   Divided by total Credits (column)_____   = (Extracted GPA) _____

To convert credit from Quarterly sessions to Semesters, multiply the number of quarterly credits by 0.6667.

Selective Cumulative GPA Calculator Worksheet:

Fill out the course you have completed by the end of Spring Semester 2023.
If you did not take a course listed below, put a 0 under each column, and change the credit for the course to 0.

Course	Course Name	Grade	Credit	Quality Points of grade	Credit X Quality Points =
BIOH 201	Anatomy & Physiology I		3		
BIOH 202	Anatomy & Physiology I lab		1		
BIOH 211	Anatomy & Physiology II		3		
BIOH 212	Anatomy & Physiology II lab		1		
BIOM 250	Microbiology		3		
BIOM 251	Microbiology lab		1		
CHEM 121	General Chemistry		3		
CHEM 122	General Chemistry lab		1		
Humanities			3		
M121 or M140	College Algebra		3		
STAT 216	Intro to Statistics		3		
WRIT 101	College Writing I		3		
WRIT 350	Technical Writing		3		
SOCI 101	Introduction to Sociology		3		
PSYX 100	Introduction to Psychology		3		
PSYX 230	Development Psychology		3		
			Total of column		**Total of Points column**

Letter Grade	Quality Points
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
c	2.0
C-	0
D or F	0

Total points (column)_____ divided by total credits (column)_____ (equals) = Cumulative GPA_____

REQUIRED TO COMPLETE:

1. Are you a current MSU-Northern Student: Yes_____   No_____

2. If you answered No to question #1, please submit an application for admittance to MSU-Northern Admission's Department. Please check if this is completed: Yes_____ No_____

3. Official Transcript sent to MSU-N Registrar's Office Yes_____   No_____

4. Have you previously attended a nursing school? Yes_____   No_____ If yes, where_____

5. If you have answered yes to question#4, please list name of nursing school: _____

6. Kaplan Admissions Exam Score: _____ (must be 65% or higher)

7. Selective Cumulative GPA: _____ (must be 2.50 or higher)

8. Extracted GPA: _____ (must be 2.85 or higher)

9. **Please read and initial the following:**

    _____ I understand that I will be notified of acceptance, placement on waiting list, or not accepted by the email address listed on the application and a letter of notification will also be mailed to me with the address listed on application by U.S. Postal Service on July 01, 2025. The wait listed applicants will be offered placement, if and only if, an opening occurs before the first day of classes in Fall 2025 semester. The waitlist does not continue in the next year's application to the ASN program. Applicants who don't receive a spot for Fall Semester 2025 must reapply to the ASN program.

    I understand that if accepted my final admission to the program is contingent upon:

    _____ I understand that cost of Software Modules are the responsibility of the student, which is purchased through the MSU-Northern Bookstore.
    _____ Proof of current personal health insurance for the duration of my enrollment in the ASN program.

    _____ Proof of clinical site student requirements for use of clinical sites uploaded into your CastleBranch account, which will need to be purchased by the end of July 2025.

Are you applying to more that one nursing school: Yes_____   No_____
 (requested by Montana Board of Nursing)

Attach a copy of a government issued photo Identification document (driver's license, passport, etc.) to be submitted with application*

Print Name: _____

Applicant's Signature: _____ **Date**: _____

By signing this application, you are saying that all completed information and attached documents are accurate. Submission of false information or documents will be grounds for denied acceptance into program or, if discovered after acceptance into ASN program then removal from program.

Please complete the ASN Program Application, and attach required documents. Send the completed application, signed and dated to the MSU-Northern Department of Nursing by email, in person, fax, or mail.

Email address: jaime.duke@msun.edu

The Department of Nursing office is located in Hagener Science Center Room#102**. Hours: 8am to 5pm, with lunch noon to 1pm.**
Fax number is **406-265-3772**.

Mail to the following address: **Montana State University-Northern**
                                                    Department of Nursing
                                                    P.O. BOX 7751
                                                    Havre, Montana 59501

ASN Selection Rubric

ASN Program Applicant: _____ Date: _____

Selection Criteria	Zero Points	1 Point	2 Points	3 Points	4 Points	Points Earned	Multiply %	Total Points
Selective Cumulative GPA	< 2.49	2.50-3.00	3.01-3.30	3.31-3.70	3.71-4.00		10%	
--------------→								
Extracted GPA	< 2.84	2.85-3.00	3.01-3.30	3.31-3.70	3.71-4.00		30%	
--------------→								
Kaplan Admissions Exam Overall Score	< 64.99	65 - 69.99	70 - 79.99	80 – 89.99	90 – 100		30%	
--------------→								
Completed the Following Courses: A&P II with lab Microbiology with lab	No	Yes					20%	
--------------→								
Military Active/Veteran **No = 0 points Yes =.25 points**	No	Yes						
Current LPN, EMT, CNA or Any allied health Documentation **No = 0 points Yes = .60 points**	No	Yes						
Completed 15 credits at MSU-Northern **No = 0 points Yes = .15 points**	No	Yes						
--------------→ Total							10%	
Add Total Points to get Total Score								