



**COLLEGE OF NURSING AND HEALTH SCIENCES  
DEPARTMENT OF ASSOCIATE NURSING**

**LPN to RN ADVANCED PLACEMENT OPTION**

**2024 APPLICATION**

**Important**

**Read Dr. Ruffin's letter before completing application.**

Dear Prospective ASN Student,

Thank you for your interest in the Associate of Science in Nursing (LPN Advanced Placement Option) program at MUW. Attached you will find the 2024 Application Packet. The packet includes the admission application, a form to list your pre-requisites/general education courses and an admission checklist. Admission to the associate of science in nursing program is competitive. There are specific admission requirements that must be met in order to be considered for admission and they include:

- Applicants **must** have been accepted to the University for the 2024 2<sup>nd</sup> Summer term **PRIOR** to applying to the ASN program.
- Applicants **must** have completed the pre-requisite courses (Human Anatomy & Physiology I and II with labs, Microbiology with Lab, College Algebra, Human Growth & Development, English Composition I and Nutrition with a minimum grade of "C". Science courses may be failed only once.
- MUW GPA **AND** overall GPA on all work attempted **must** be = or >2.50. If you have taken a course more than once, the last grade will be recorded for that course; however, all grades are calculated into the overall cumulative GPA.
- Official transcript(s) from each college attended (**including MUW**) **must** be submitted in a sealed, stamped envelope with the ASN application. Transcripts can be sent as e-script to [asn@muw.edu](mailto:asn@muw.edu). If you have taken summer courses at any college/institution, those transcripts **must** be included as well. **Please note MUW Admissions Office requires a separate set of official transcripts for admission to the university. This means you need two official transcripts sent to you, one to submit with your ASN application and one to submit to MUW Admissions Office.**
- Documentation of your national ACT composite score (copy from national ACT website or a copy of high school transcript documenting ACT score) of 18 if taken in or after October 1989 or 15 if taken before October 1989. **Your FIRST and LAST name must be printed on your national ACT composite score sheet that you print from the ACT website. We do not accept ACT Superscores.**
- Applicants **must** have a current unencumbered Mississippi Practical Nurses License and **must** have worked at least 1 year in a clinical setting and/or 1500 hours within the last 2 years as a licensed practical nurse.
- Applicants **must** provide a completed and signed job verification letter form from their current and/or previous employer, verifying employment. Employers may be contacted for verification purposes only.
- If an applicant has ever been enrolled in a Registered Nurse Program, a Letter of Good Standing **must** be provided in a sealed envelope, with your application package, or a representative from the institution **must** email the letter to [asn@muw.edu](mailto:asn@muw.edu).
- **All** application documents **must** be in the ASN program office and/or postmarked **by 5 p.m. on May 15, 2024.**
  - **Mailing address is Mississippi University for Women, Associate of Science in Nursing Program, 100 College Street MUW-910, Columbus, MS 39701-5800 or**
  - **Hand-Deliver to ASN Program Office in Martin Hall Room 100..**
- Late and/or incomplete application packets will not be considered for admission..

**Admission to MUW does NOT assure that you will be admitted to the ASN Program (LPN Advanced Placement Option). Please note that there is a separate ASN admission process.** Any questions you may have concerning University admission requirements, financial aid, or tuition should be directed to the Office of Admissions, 662-329-7106. You may call the toll free number (877- 462-8439) and ask for the Admissions Office (ext. 7106).

You will be notified of your admission status by email by June 3, 2024. Please make sure your email address is correct on the application. If you are selected, you will be required to attend a **mandatory** ASN orientation mid June. The specific date/time TBA.

I will look forward to hearing from you,

*Dr. Mary Helen Ruffin*

Mary Helen Ruffin, PhD., RN, CNE  
Program Chair and Tenured Professor  
Associate of Science in Nursing Program



**Associate of Science in Nursing Program  
Pre-requisites and General Education Courses - LPN Advanced Placement Option**

**(Please ✓ the boxes that are applicable and list institution, semester taken and your grade)**

<b>Pre-requisite Courses</b>	<b>Institution</b>	<b>Semester/Year Taken</b>	<b>Grade</b>
<input type="checkbox"/> Anatomy and Physiology I/Lab			
<input type="checkbox"/> Anatomy and Physiology II/Lab			
<input type="checkbox"/> College Algebra			
<input type="checkbox"/> English Composition I			
<b>Social Sciences</b> <input type="checkbox"/> Human Growth & Development -OR- <input type="checkbox"/> General Psychology			
<input type="checkbox"/> Microbiology/Lab			
<input type="checkbox"/> Nutrition			

<b>General Education Courses</b>	<b>Institution</b>	<b>Semester Taken or to be Taken</b>	<b>Grade or In Progress</b>
<input type="checkbox"/> Humanities/Fine Arts			
<input type="checkbox"/> Oral Communication			

If you have repeated a course, the last grade is the grade on record and should be recorded above.

A minimum grade of "C" is required in each course.

I certify that the information above is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_



**College of Nursing & Health Sciences**  
**Associate Nursing Department**  
1100 College Street, MUW-910  
Columbus, MS 39701-5800  
662-329-7301

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College of Nursing and Health Sciences  
Department of Associate Nursing  
LPN TO RN Advanced Placement Option 2024

Employer Documentation of Hours Practiced as a Licensed Practical Nurse  
Permission to Release Information

I, \_\_\_\_\_, am seeking admission to Mississippi University for Women's LPN-RN nursing program. I must document that I have worked as a licensed practical nurse for at least one (1) year and a minimum of 1,500 hours within the last two years. I am requesting your verification that this requirement is met by checking either (A) or (B) at the bottom of this letter. I give permission for you to release this information to Mississippi University for Women.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Human Resource Officer or another official representative of the agency is to complete the following information.**

Name of Facility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please complete the following:

I verify that \_\_\_\_\_ was/is employed as a licensed

(Print Applicant Name)

practical/vocational nurse a(LPN/LVN) at my institution/agency as indicated below:

\_\_\_\_\_ (A) applicant has been employed at our facility as a licensed practical nurse for at least one (1) year and/or a minimum of 1500 hours\* within the last two years.

\_\_\_\_\_ (B) applicant is/was employed at our facility as a licensed practical nurse for \_\_\_\_\_ hours.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Phone Number \_\_\_\_\_

**\*If employed less than a year, proof of 1500 hours to be verified by hourly employment record.**

**ASN Application Packet Checklist  
LPN Advanced Placement Option**

Please complete and include with your application

**Have you included the following information in your application packet?**

<b>ASN Application</b>	Yes	No
<p>Official transcript(s) from each institution attended must be in a sealed, stamped envelope. You should have two sets of official transcript(s) mailed to you so you can include one set with your application packet and send one set to MUW Admissions Office. Transcripts can be sent to the ASN program as e-script to <a href="mailto:asn@muw.edu">asn@muw.edu</a>.</p> <p><u>Please note MUW Admissions Office requires a separate set of official transcripts for admission to the university.</u></p> <p>Note: Spring 2024 grades must be recorded on your transcript(s) if you want those grades considered for admission.</p>	Yes	No
<p>Validation of ACT Score from the ACT website or high school transcript. <u>Your FIRST and LAST name must be printed on your national ACT composite score sheet that you print from the ACT website. <b>We do not accept ACT Superscores.</b></u></p>	Yes	No
<b>Pre-requisite and General Education Course Form</b>	Yes	No
<b>Documentation of LPN License</b>	Yes	No
<b>Work Verification Letter (completed and signed)</b>	Yes	No
<b>Have you been admitted to MUW for Summer 2024 2<sup>nd</sup> Summer term?</b>	Yes	No

**\*SEND ALL DOCUMENTATION IN ONE PACKET\***

**It is your responsibility to follow these instructions to ensure your application is complete and can be processed.**

Send the above information to: **Mississippi University for Women  
Associate of Science in Nursing Program  
1100 College Street MUW-910  
Columbus, MS 39701-5800**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

