**Online Provisional Graduate Application Checklist**

This checklist is for perspective students who already have a BA/BS and wish to apply online. If applying online follow the directions at <http://www.eiu.edu/~nursing/admission.php>

1. \_\_\_\_\_ Apply to the Office of the Graduate School

a. \_\_\_\_\_ Submit these materials to:

Office of the Graduate School

Eastern Illinois University

600 Lincoln Ave

Charleston, IL 61920

b. \_\_\_\_\_ Complete the EIU Graduate Application

c. \_\_\_\_\_ Send in $30 application fee with the application

d. \_\_\_\_\_ Request official transcripts and have them sent to the Graduate office:

i. \_\_\_\_\_ High school

ii. \_\_\_\_\_ All colleges and universities attended

2. \_\_\_\_\_ Apply online using the Provisional Nursing Application for Post BA/BS Students

 a. \_\_\_\_\_ Mail or fax all supporting materials to:

RN to BS in Nursing Program

McAfee 2230, 600 Lincoln Ave

Charleston, IL 61920

Fax: 217-581-7050

 b. \_\_\_\_\_ Copy-current CPR certification card (Healthcare Provider/Prof. Rescuer)

 c. \_\_\_\_\_ Health Records (send records)

i. \_\_\_\_\_ Hepatitis B immunization series or waiver

ii. \_\_\_\_\_ Tetanus/Diptheria (Td or DT) immunization within 10 years

iii. \_\_\_\_\_ Measles/Mumps/Rubella (MMR) immunization including 2 after first birthday if born on or after January 1, 1957

iv. \_\_\_\_\_ Tuberculosis (TB) two-step testing with annual updates

Note: The EIU Immunization Form and policy does not require Hep B or TB. These are Nursing Program requirements.

 d. \_\_\_\_\_ Professional Statement (online option)

 e. \_\_\_\_\_ Professional Letter of Recommendation #1 (online option)

 f. \_\_\_\_\_ Professional Letter of Recommendation #2 (online option)

 3. \_\_\_\_\_ Medical History/ Physical Exam (less than 2 years old)

 4. \_\_\_\_\_ Receive Letter of Admission to Nursing Program

 5. \_\_\_\_\_ Schedule appointment with advisor; retrieve PIN to register for classes

**Requirements to complete full admission to EIU RN to BS in Nursing Program**

1. \_\_RN License
2. \_\_\_GPA
3. \_\_\_Professional Liability Insurance