

Bachelor of Science in Nursing Preliminary Internal Application



Transfers are ONLY accepted during fall semesters

Fall 2027 application deadline is February 1, 2027. No exceptions will be made for late submission. Students will be emailed their admission status by June 1.

Completion of this application provides the information necessary to be considered with a holistic approach for admission to the Westfield State University's Nursing program. Incomplete applications will not be reviewed.

Application must include all of the following to be reviewed:

*Completed and signed application

*Typed Personal Statement showing your understanding of the nursing role/profession, match to the mission/goal of nursing, max of 500 words. Spelling and grammar will be taken into consideration.

Optional items:

* Health-Related Employment/Volunteer Experience Verification Form (attached)

Drop off the application to the Nursing Department, Wilson Hall Rm. 216 or scan the completed signed application as an attachment to: mhenrichon@westfield.ma.edu

Student Information (Please Type or Print Clearly)

LAST NAME FIRST NAME MIDDLE INITIAL

STUDENT ID NUMBER

CURRENT MAJOR

STUDENT EMAIL ADDRESS

Application admission criteria, please read and initial after each statement

initial in this column	I have read the following statements, and by signing & initialing, I understand and agree
	I understand that I must meet the transfer admissions criteria to be eligible for an internal transfer including an overall GPA of 3.3, click here: Nursing Transfer Admissions Requirements .
	I understand by switching majors I may extend the length of time it will take to graduate with the nursing degree. One additional year may be added on to successful complete degree requirements.
	I understand that I must meet with a nursing advisor to review course the completion curriculum plan.
	I understand that the Westfield State Nursing Program is a selective admission program and that admission is highly competitive. I understand that even if I meet the minimum admission requirements for the program this only guarantees that I will be considered for admission to the program. I also understand that there may be more qualified applicants than available space and even if I meet or exceed the minimum admission requirements to be placed into the candidate pool for admission, I am not guaranteed admission to the program.
	I understand that if admitted, the nursing program is a full-time day program with clinical rotations during the day, evenings, or weekends.
	I have read and understand all the policies in the Student Nursing Handbook .
	I understand that there are Nursing fees that will be required each semester.
	I understand that I will be required to sign up and pay for ViewPoint , a service used to track immunization requirements required for both the Nursing department and clinical sites. I understand that I must adhere the immunization guidelines and criminal background checks for clinical agency placements.

I hereby certify that the information provided on this application form and in all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of applicant information is sufficient grounds for denying or canceling admission. I have read and understand the Westfield State University nursing program information, admission requirements, and the application procedures as outlined and agree to all the above statements.

SIGNATURE REQUIRED: _____ **DATE:** _____

Information Release

I understand this is a preliminary application and more information may be requested from me as part of the application process at a later date.

Westfield State University provides equal access to educational opportunities for all applicants, regardless of race, color, creed, religion, national origin, gender, sexual orientation, gender identity, gender expression, genetic information, marital status, age, disability or veteran status in compliance with all applicable laws, regulations and policies.

SIGNATURE REQUIRED: _____ **DATE:** _____

Reviewer Signature: _____ **DATE:** _____



Health-Related Employment/Volunteer Experience Verification Form

This form must be signed off by a supervisor, manager, or human resource representative.

The below-named applicant is applying for admission to the Bachelor of Science in Nursing degree program at Westfield State University. This form is used to support the prospective student application for admission to the BSN program.

Please provide the information requested below so that we may determine the appropriate amount of patient care hours and/or patient care experience they may have.

Applicant Name	Applicant Date of Birth

Employer	Dates of Hire/Volunteer	Hours Worked per Week, OR Total Hours

Please describe the duties performed by the above-named employee while in this position:

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I certify that the information provided in this form is true and complete to the best of my knowledge

Name: _____

Title: _____

Email: _____

Signature: _____

Date: _____