

BEACON Application Process

1. Apply to Wright State University Office of Undergraduate Admissions. Application process can be completed online.
2. Send official transcript(s) from all colleges attended to the WSU Office of Undergraduate Admissions. **International students** must submit all official transcript(s) to Wright State University International Office before applying to BEACON. For further information, call the University Center for International Education at 937-775-5745.

Directions for Preparing the Admission Application Packet

Begin compiling your application early so all materials can be submitted in a **single envelope** for receipt on or before the January 15th deadline. The BEACON Admission Committee will not consider incomplete or late applications. The committee will not accept additions to an application subsequent to its submission. Faxed or emailed applications will not be accepted.

The following items constitute a complete application package and must be submitted in a single packet. If any item is missing, the application will be considered incomplete and will be disqualified. Do not include additional materials (e.g., photographs). RETURN COMPLETED APPLICATION PACKET WITH A COVER LETTER TO:

BEACON Program
Wright State University
College of Nursing & Health
160 University Hall
3640 Colonel Glenn Hwy.
Dayton, Ohio 45435

1. **Application Form.** Must be fully completed, signed, and dated.
2. **Transcript(s).** Submit copies of all college coursework. Photocopies are acceptable. Transcript printouts from the Web are only acceptable if they show the school's name, the student's name, the courses taken, and the grades awarded. As well, please submit documentation from the registrar's office that indicates proof of graduation from an undergraduate degree. If your graduation is pending when you submit your application for receipt by the application deadline, then you must provide documentation of enrollment for the current term. ***If you have not completed all pre-requisites at the time of application, please describe your plan for completing those requirements in your cover letter.***
3. **Essay.** Submit a 300-word essay describing the attributes you possess that will provide the foundation for your success as a professional nurse.
4. **Two letters of recommendation.** The letters should be from two different sources, (e.g., school, work, community activity). Letters cannot be from relatives. The letters should be written on letterhead. Ask the recommender to seal the recommendation inside an envelope, sign across the seal, and return it to you, so that you may submit it along with all other application materials. Recommendation letters must be current and dated no earlier than six months before date of submission of application; older letters or copies will not be considered valid.
5. **Resume.** This document should summarize your education, work experience, and extracurricular and community activities.

Additional Information

If you want a confirmation of receipt of your application packet, you may include a self-addressed, stamped postcard in your packet.

Questions related to this program should be directed to Dr. Kathy Keister at 937-775-2604.

**Wright State University-Miami Valley College of Nursing and Health
Baccalaureate Education Accelerates Career Opportunities in Nursing (BEACON) Program Application**

GENERAL INFORMATION

Name: _____

Address: _____

Phone #: Home _____ Cell: _____ Work: _____

Email: _____ WSU email (if applicable): _____

REQUIREMENTS

Are you currently admitted/readmitted to Wright State University? Yes _____ No _____

WSU Student UID# (if applicable): _____

Have you completed the required pre-requisite coursework? If not, identify those courses not completed.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Organic Chemistry | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Anatomy | <input type="checkbox"/> Sociology or Anthropology | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Lifespan Growth & Development | <input type="checkbox"/> Pharmacology |

List all universities/colleges you have attended. Indicate any degree, diploma, or certification you have earned at each institution.

University/College	Location	Start Date (mm/yyyy)	End Date (mm/yyyy)	Degree, Diploma, or Certification

I affirm to the best of my knowledge, the information contained within this application is correct and that I have not knowingly withheld any information.

Applicant Signature

Date

DATE RECEIVED _____