



WAYNE STATE College of Nursing

Prerequisite Verification Form | BSN for Veterans (VBSN)

Please complete the following information. This information will be verified once submitted. Detailed information on prerequisite requirements are available on the [VBSN admissions page](#). If you do not have final grades in prerequisite courses at the time of submitting this form, please indicate the term in which you will complete the course and input "INPR" to indicate that the course is in progress. If you satisfied any prerequisite course with a test score (AP/IB/SAT/ACT/CLEP), please indicate this on the form by writing AP/IB/SAT/ACT/CLEP in the grade earned field. Official transcripts and test scores must be submitted to WSU for verification.

First Name: _____ Last Name: _____

WSU AccessID (ex. AB1234): _____

- **BIO 1510 – Basic Life Mechanisms**

Grade Earned: _____ Term Taken (ex. Fall 2020): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

- **BIO 2870 – Anatomy & Physiology**

Grade Earned: _____ Term Taken (ex. Fall 2020): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

Course #: _____ Course Name: _____

- **BIO 2270+2271 or BIO 2200 – Microbiology**

Grade Earned: _____ Term Taken (ex. Fall 2020): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

- **CHM 1060 - General, Organic and Biochemistry or CHM 1020 – Survey of General Chemistry**

Grade Earned: _____ Term Taken (*ex. Fall 2020*): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

- **PSY 2410 – Health Psychology or PSY 2400 – Developmental Psychology**

Grade Earned: _____ Term Taken (*ex. Fall 2020*): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

- **NFS 2030 – Nutrition and Health**

Grade Earned: _____ Term Taken (*ex. Fall 2020*): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

- **NUR 2030 – Pathophysiology**

Grade Earned: _____ Term Taken (*ex. Fall 2020*): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

- **Social Inquiry (SI)**

WSU Course #: _____ Course Name: _____

Grade Earned: _____ Term Taken (*ex. Fall 2020*): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

- **Cultural Inquiry (CI)**

WSU Course #: _____ Course Name: _____

Grade Earned: _____ Term Taken (*ex. Fall 2020*): _____

Have you repeated this course in the past 14 years? Yes No

If Transferred: Transfer Institution: _____

Course #: _____ Course Name: _____

BSN for Veterans (VBSN) APPLICANT ACKNOWLEDGEMENT

1. I understand that I must meet the minimum prerequisite GPA of 3.0 or higher.
2. I understand that I must show evidence of earning a grade of "C" or higher in all prerequisite courses.
3. I understand that the College of Nursing does not accept Pass/Fail grades.
4. I understand that my application will not be processed if I have repeated more than one course.
5. I understand that if my official transcripts and test scores showing prerequisite final grades are not received by the College of Nursing by January 31, my application will not be processed.

By signing below, I acknowledge that I have read and understand the BSN for Veterans (VBSN) Applicant Acknowledgement.

Name _____ Date _____