East Central University
School of Nursing v04.07.2026

Application to the Pre-licensure Nursing Program

Applications for the spring semesters will open May 1st and close September 1st at 5pm CST.

Applications for the fall semesters will open November 1st and close February 1st at 5pm CST.

Questions regarding international requirements; university applications; status, etc., must be directed to the International Student Services office at intlstu@ecok.edu or 580-559-5669, or on the webpage Office of International Student Services.

Email all correspondence and materials to nurse_sec@ecok.edu

East Central University, School of Nursing
1100 E. 14th Street PMB V-8
Ada, OK 74820
580-559-5434 OR 580-559-5933
FAX# 580-559-5785



STOP!!!

ALL NURSING APPLICATION MATERIALS MUST BE SUBMITTED BY ONE OF THE METHODS BELOW:

1. **Emailed to nurse_sec@ecok.edu**
   OR

2. **Mailed to ECU School of Nursing**
   1100 E 14th Street PMB V-8
   Ada, OK 74820
   OR

3. **Brought into the Nursing Office**
   OR

4. **Faxed to 580-559-5785**

***Application materials received to any other email address or by any other method than listed above will not be processed. Please ensure you submit all materials appropriately.**

Application Checklist

Please use the checklist below to ensure that you have completed and submitted all the required documents for your application. {When it says WITH – it means at the same time}

- ☐ Submit the current nursing program application (pgs. 4 thru 13) via one of the accepted methods listed on pg. 2, by the cycle closing date/time, ensuring you have completed all areas, to include signing, initialing, and dating in required areas. **Incomplete or late submissions, or sent by any other method that listed on pg. 2, will not be processed.**
- ☐ Submit transcripts (unofficial are acceptable) from **EVERY** college/university you have attended **WITH** your nursing application, **to include current ECU students. You MUST** submit transcripts to the SoN, even if you have sent them to Admissions or the International Office. Your transcripts MUST include GRADES from each semester you have attended. Transcripts showing courses in-progress (IP) will not be counted in hours or points.
- ☐ Submit a transcript OR course schedule showing classes you are **currently enrolled in WITH** your application.
- ☐ Submit your Reflective Statements (see pg. 12) **WITH** your application.
- ☐ Submit any certifications, licensures, etc. you listed on pg. 5.
- ☐ If applicable, submit scores for any/all CLEP &/or Advanced Placement exams **WITH** your application.
- ☐ Apply to and **be accepted to ECU** by the nursing deadline (FA-May 1st; SP-November 1st).
- ☐ Update the SoN of any changes to your contact information – this includes your email, phone, and mailing address

Please note – applications will NOT be reviewed for accuracy, completion, etc. upon request. To ensure you have completed and included everything required, please review the FAQ and the checklist above. If you would like to ensure receipt, we encourage you to use a delivery receipt or something similar for email, or if mailing, a signature required option.

Admission decision letters will be sent out approximately 4 weeks of the application cycle closing date, via the email address you provided on your application. Please do not call or email the office to ask about the receipt of your application materials, or your acceptance status. We are using that time to review applications and get the notifications out as quickly as possible.

FIND US ON
Facebook ECU #TigerNursing @ECUTigerNurse
Instagram @ ecutigersnursing

Application for Admission - Traditional v04.07.2026

APPLICANT INFORMATION

Last Name		**First Name**	
Address (PO Box Apt#, etc.)			

City		**State**		**ZIP**		**County**	

Preferred Phone		**Alternate Phone**	
E-mail Address *(Required)*			

DOB:

Are you a current ECU student? **YES** ☐ **NO** ☐ **If yes, what is your ID#?**

Are you a returning ECU student? **YES** ☐ **NO** ☐

Are you a transfer student? **YES** ☐ **NO** ☐ **If yes, have you already applied to ECU? YES** ☐ **NO** ☐

EDUCATIONAL BACKGROUND

Have you earned an **Associate in Science or Arts from an Oklahoma college** or university?		YES ☐	NO ☐
If yes, please list the college/university you attended and year you graduated.	College/University		YR Grad
Have you earned a **Bachelor's degree or higher?**		YES ☐	NO ☐
If yes, please list the college/university you attended and year you graduated.	College/University		YR Grad
List all other colleges/ universities ever attended, and ensure transcripts have been included for each			

PRIOR ATTENDANCE IN A REGISTERED NURSING PROGRAM (ASSOCIATE OR BACHELOR)

If you have ever attended a **registered nursing program (including East Central University)**, please provide the following information:

Name of School	City	State/Country
Entrance Date	Exit Date	

Reason for Leaving**: (A letter providing your standing in the nursing program and/or eligibility for readmission at the time of exit must be received from the nursing program, sent directly to nurse_sec@eok.edu).** Please attach additional paper if needed.

Licensure &/or Certification Verification – Please provide a copy of your license/certification with app.

Do you currently have a nursing license, in the U.S. or any other country? YES ☐ NO ☐
If yes, what kind (LPN or RN) and from where (Country/State)?

Do you have a current Certified Nursing Assistant (CNA) license? YES ☐ NO ☐
If yes, where from (State)?

Do you have experience in Military, Law Enforcement, Emergency Medical Services, First Responder, or Vet experience? YES ☐ NO ☐
If yes, please specify which of these and how many years.

Do you have a current medic license (any level)? YES ☐ NO ☐
If yes, what level and where from (State)?

Do you have any other training/certifications that you feel are pertinent to your application? YES ☐ NO ☐
If yes, please tell us what.

Are you currently working? YES ☐ NO ☐
If so, please tell us where?

Are you a student athlete? YES ☐ NO ☐
If so, please list what sport(s).

Are you involved in any student organizations on campus? YES ☐ NO ☐
If so, please list them.

Honesty Statement:
By signing & dating below, and initialing & dating each required section, I affirm that the information I am providing in all areas of the application are true and accurate to my knowledge. I understand that any misrepresentation I provide on this application will result in penalties, including, but not limited to, my application being immediately rejected.

Printed	**Date**
Signature	**Date**

A: Criminal Background:

ENSURE YOU MARK ONLY ONE! Failure to do so may void your application!

I understand that I will be required to have criminal background and sex offender searches upon being admitted to the program, during the program for specific facilities, and at other times if deemed necessary. ***Please initial only ONE appropriate response to the following statements*:**

_____I affirm that I do **NOT** have a criminal record and/or history**.** I have never been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or plead guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or requested to appear before any prosecuting attorney or investigative agency in any matter.

_____I affirm that I **DO** have a criminal record and/or history. I have been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or plead guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or requested to appear before any prosecuting attorney or investigative agency in any matter**.**

If I have a criminal record, I understand that submit documentation, i.e. court records showing the nature of the charge and current status, AT THE SAME TIME as the nursing application.

Student Initials: _____ Date: _____

B: Application & Admission Acknowledgement

Please be sure **NOT** to confuse the ECU application for the application to the nursing program. They are two completely separate applications, and **due dates may be different than those of the university!**

NURSING APPLICATIONS:

Nursing program applications and all pertinent material must be received in the nursing office by the designated cutoff date and time listed below:

For fall semester applications – February 1st @ 5pm CST
For spring semester applications –September 1st @ 5pm CST

Admission decision letters will be sent out approximately 4 weeks of the application cycle closing date, via the email address you provided on your application. Please do not call or email the office to ask about receipt of your materials, or your acceptance status. If you have not been accepted to ECU by that time, your acceptance to nursing be dependent upon your acceptance to the university by the **NURSING** deadline.

ECU APPLICATIONS:

NOTE: The application to ECU is open for U.S. students is always open. For international students, the **ECU application** for a fall semester opens on January 1st, and for a spring semester, on July 1st.

ECU applications and materials must be submitted to the portal in time to be **accepted to the University by the Nursing cutoff dates below.**

For fall semesters – Must be ACCEPTED to ECU no later than May 1st
For spring semesters – Must be ACCEPTED to ECU no later than November 1st

Again, all applications and related/required materials must be submitted to your portal in time to be processed and for you to be **accepted** to ECU by the deadline dates above. If you have not been accepted to ECU by the cutoff date, your application will be voided.

Student Initials: _____ Date: _____

C: Transcript Requirement Acknowledgement

WITH your nursing application, you **MUST** submit transcripts from **EACH** college and/or university you have attended, **to include current ECU students**. Initially, you may submit unofficial transcripts, but must submit **official transcripts prior to the start of the admitted semester**. Failure to submit all transcripts with your application may result in the application being voided.

- Please have all electronic transcripts sent to nurse_sec@ecok.edu
- If you are having official transcripts mailed, please have them sent to **ECU School of Nursing, 1100 E 14th Street PMB V-8, Ada, OK 74820, directly from the school, or ensure that the transcripts are in a sealed school envelope.**
- If you are delivering them in person, the official **transcripts must be in a sealed school envelope**.
- You **must** submit a transcript OR course schedule showing classes you are **currently enrolled in** with your application.

Student Initials: _____ Date: _____

D: GPA, Grades, & CLEP Exams Acknowledgement

GPA: As part of the application process, transcripts are evaluated and used to determine your program, cumulative, and institution (retention) GPA based on currently completed courses, as well as assist in the assignment of points during the scoring process.

- All grades earned at any institution attended may be used to calculate your School of Nursing Program, cumulative, and institution (retention) GPAs.
- All grades earned at any institution attended may be used in the assignment of rubric points during the admission process.

Grades: For the purpose of nursing; To maintain the integrity of program policies, the following will be considered while advising, reviewing transcripts and applications, etc. A grade of "P" denotes course completion with a passing grade but is NOT considered to be equivalent to a grade of "C" toward any

admission points and may not be considered for program retention requirement.

CLEP & AP Exams: At ECU, students can receive credit for the College Board's College-Level Examination Program (CLEP; Subject exams only), & Advanced Placement (AP) exams. You may find the list of accepted CLEP exams here ECU Accepted CLEP Exams, & AP Exams here ECU Accepted AP Exams. All credit for awarded will be transcribed with a P-grade (Passed). Unless previously accepted and transcribed at another Oklahoma regionally accredited institution, an original copy of the credit by examination must be submitted to ECU.
You **must submit scores** of any CLEP &/or (AP) exams to be considered **WITH** your nursing application. Unofficial will be accepted for the purpose of your nursing application.

Student Initials: _____ Date: _____

E: Admission Requirements & Consideration

Satisfying the standards for candidacy does not guarantee admission to the program. The number of students admitted to the nursing program is limited to ensure quality didactic and clinical learning experiences for students, therefore potentially not all qualified applicants will be admitted. Every application is reviewed and considered, and nursing does utilize an alternate list.

To ensure objective, fair, and equal access to the nursing program admission, a points system is used to rank candidates. Applications are scored based on, but not limited to, GPA (Program and Grad Retention), Required Related Work course grades, course attempts, ECU Residency and completed college credits, prior degrees, relative experience, licensures and certifications, and correct completion of the nursing application.

To be considered a candidate for admission, the following is required:

- Meet all nursing deadlines and material requirements; following the process as instructed
- Be admitted to ECU by the nursing deadlines
- Minimum of 24 hours of general education/required related work courses, or the equivalent thereof, completed at the time of application, or that will be completed in the current semester.
- Courses required for admission (pg. 11) are completed and passed with a grade of "C" or higher.
- GPA: minimum of 2.7/4.0 (Program and Grad Retention) on all course work completed at the time of application.
- Upon admission to the nursing program, you are expected to complete/maintain all remaining requirements related to the program, clinical, attestations, and accreditation, to include attending the mandatory cohort orientation. Failure to complete/maintain and/all requirements may result in a withdraw of acceptance and/or dismissal from the program.
- If accepted, all additional required gen eds & related work must be passed with a grade of "C" or higher, and completed prior to the beginning of the third semester of the program. Failure to complete these courses may affect your ability to progress in the program.

Student Initials: _____ Date: _____

F: Program & Clinical Requirements

Below is a list of clinical and program requirements that, **if accepted**, will need to be completed.

- Background Check (Est Cost $110.00, to include drug screen) (to be done upon acceptance)
- Drug Screen (to be done upon acceptance)
- CPR – **Must be American Heart Association Basic Life Support (BLS) for Healthcare Providers**

- **Immunizations:** Records must be legible, with name and date given visible. Statements such as "as a child," "up to date," or "not needed," are not acceptable
  - Annual Influenza –for current flu season – if it is not Flu season when you are accepted, you may wait for this until that time.
  - Tetanus, Diphtheria, & Pertussis (Tdap)
  - Measles, Mumps, & Rubella (MMR
  - Varicella (Chicken Pox)
  - Hepatitis B
  - Initial 2-Step Tuberculin Skin Test OR Negative TSpot blood test OR Negative QuantiFERON blood test
    - If previous or current positive test results, Clearance for Public Contact must be obtained from the Health Department
  - COVID-19 vaccination - complete series (boosters are not required at this time)

Vaccination Statement

The clinical facilities that have agreed to provide experiential education within the ECU School of Nursing program curriculum require designated vaccinations to participate in clinical and/or instruction at their facility. ECU SoN has no authority to waive the clinical sites vaccinations requirements. The clinical facilities are also responsible for the evaluation and administration of requests for exemptions to their respective vaccination requirements, which may vary among clinical facilities. **Due to these facility vaccination requirements, unvaccinated students may not be able to satisfy a required component of the curriculum and therefore may be unable to complete the nursing program.** Any student wishing to be exempt must contact the Clinical Coordinator, or in their absence, the Director. They will also be responsible for contacting their assigned clinical facility(ies) for the waiver process. Copies of any approved waivers must be submitted to the SoN, and the student will be required to sign a disclaimer acknowledging understanding. It is highly recommended that the admitted student complies with all vaccinations for uninterrupted progress through the program.

Student Initials: _____ Date: _____

G: Nursing Semester-by-Semester Schedule

(Please know that this is subject to change)

Clinical rotation days are determined by availability from facilities, and may include, but are not limited to: 8 or 12-hour shifts, weekends, evenings, and nights

Semester 1: (Sophomore)

Monday – Nursing math course, if required
Tuesday
NRSG 2104 Foundations 800-1050
NRSG 2224 Physical Assessment 1200-250
NRSG 1142 Intro (if not already taken) 3:00-4:50

*Labs for NRSG 2104 & NRSG 2224 - Both are taken on the same day, one from 900-1200 & one from 100-400.

Semester 2: (Junior I)

Monday
NRSG 3118 Med-Surg I 900-1150
NRSG 3193 Pharmacology I 100-350
Wednesday
NRSG 3118 Med-Surg I 900-1150

*You will have one clinical rotation during the week/weekend; schedule to be determined

Semester 3: (Junior II)

Monday
NRSG 3883 Research 900-1150
NRSG 3218 Med-Surg II 100-350
Wednesday
NRSG 3393 Pharmacology II 900-1150
NRSG 3218 Med-Surg II 100-350

*You will have one clinical rotation during the week/weekend; schedule to be determined

Semester 4: (Senior I)

Tuesday
NRSG 4214 Psychiatric Mental Health 900-1150
NRSG 4375 Med-Surg III 100-350
Wednesday
NRSG 4164 Child Bearing Family 900-1150

*You will have clinical rotations during the week for all three courses, schedule to be determined

Semester 5: (Senior II – Final Semester)

Thursday
NRSG 4954 Transition to Professional Practice 800-850
NRSG 4513 Prioritization & Critical Thinking 900-1150
NRSG 4283 Community Health 100-250
NRSG 4382 Leadership 300-350

*You will have a clinical rotation for NRSG 4283 during the first 8 weeks; Your 144 hours of preceptorship will be done in the second eight weeks, schedule to be determined

IMPORTANT: **Clinicals may include, but are not limited to: 8- or 12-hour shifts; days, evening, nights, weekends, etc., and may occur on any day of the week that you are not scheduled to be in class. We are restricted to what our clinical sites have available for placement.** While we will do our best to accommodate, you may not get the location and/or day you prefer. The expectation is that you will have a reliable method of transportation, and the ability to get yourself to your clinical site. An absence from, or the need to leave early from lab /clinical due to reliance on another may not be excused. We cannot base placement/days on someone's need to ride with someone else. While the request can be made, there can be no guarantee.

Student Initials: _____ Date: _____

H: Required Course Completion & Transfer Matrix

The following course MUST BE completed with a grade of "C" or higher **prior to the start** of the semester you are entering the program. If they are not completed or a lower grade is received, you cannot begin the nursing program and your acceptance will be withdrawn. *****Note: for future application cycles – this will be changing. Courses will be required to be completed at the time of application.

1. English Composition I
2. English Composition II
3. Functions & Modeling OR College Algebra
4. General Chemistry w/ Lab OR Chemical Principles w/ Lab
5. General Biology w/ Lab
6. Human Anatomy w/ Lab
7. Basic Nutrition
8. General Psychology

Some courses taken at 2-year and/or out-of-state colleges may not transfer, or may require a course substitution. You are encouraged to use the ECU transfer matrix (found here) https://www.ecok.edu/transfer-matrix/index.php to determine if courses you have or are considering taking will transfer. Please utilize the Transfer Matrix before contacting the nursing office and/or your advisor.

Student Initials: _____ Date: _____

I: Reflective Statements:

By initialing below, the student understands that the Reflective Statements must be submitted, as instructed, as a separate document **with** their application.
Ensuring the use of proper grammar, spelling, and punctuation, please provide an honest, reflective answer to the following questions. While there is no minimum number of words required, please make sure your answer provides a complete reflection of you and your perceptions. **Please submit your responses on a separate document with the rest of the nursing application. STATEMENTS FOUND TO BE DONE WITH AI WILL VOID THE APPLICATION.**

1. **Why have you chosen to pursue a career in nursing?**
2. **How do you plan to succeed in a rigorous nursing program?**
3. **What does professionalism mean to you, and why is it important?**
4. **How do you manage stress and pressure in high-stakes environment?**

Student Initials: _____ Date: _____

J: Signature Form\Honesty Statement:

I, _____, hereby apply for admission to the nursing program at East Central University.
Please Print Name

I understand that the number of students admitted by the School of Nursing is limited by availability of space, faculty and clinical resources. Selection is competitive; therefore, the school may be unable to admit all potentially qualified applicants, as application submission does not guarantee admission. I affirm that I have read and understand the Student Nurse Position Description (click on link to access), and confirm that I am able to perform the essential job functions as set forth therein.

By signing & dating below, and initialing & dating each required section above, I affirm that the information I am providing in all areas of the application are true & accurate to my knowledge. I understand that any misrepresentation I provide on this application will result in penalties, including, but not limited to, my application being immediately rejected and my not being allowed to apply to the program at a later date.

Student Initials: _____ Date: _____

K: Required Course Table

Please complete the table below, ensuring there is something documented for **EACH** of the Required Courses listed. NOTE: If you have taken a CLEP exam for a course, please list that in the "Where" box, along with "CLEP", and in the "What Semester" box, please list when you took it.

Required Course (Gen Ed &/or Required Related Work)	**Where did you take the course? (School)**	**What semester did you take the course in? (i.e. FA25, SP26, SU26)**	**Course Grade Received**	**Have you repeated the course & if so, how many times?**	**If you have not taken the course yet – when are you taking it & where?**
***Courses below MUST be completed with a C or higher PRIOR to starting the program**					
English Comp I					
English Comp II					
College Algebra OR Functions & Modeling					
General Chemistry OR Chemical Principles					
General Biology					
Human Anatomy					
Basic Nutrition					
General Psychology					
***Courses below MUST be completed with a C or higher PRIOR to starting the 3rd semester of the program**					
General Microbiology OR Epidemiology					
Human Physiology					
Developmental Psychology					
Basic Computer Course					
Basic Statistics					