





# CALIFORNIA STATE UNIVERSITY, STANISLAUS

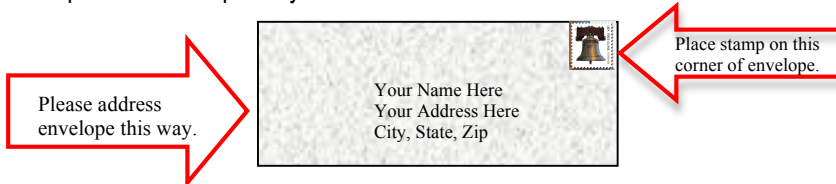
## School Nursing

### Application to the Pre-licensure Nursing Program

Application Deadlines	
<b>Fall Entry Applicants</b>	
	<p><u>University Application</u> - Priority application to the university is from <b>Oct. 1<sup>st</sup> to Nov. 30<sup>th</sup></b></p> <p><u>Supplemental Nursing Application</u> – Applications are accepted <b>January 2<sup>nd</sup> to January 31<sup>st</sup></b> (Applications must be received in the School of Nursing by 5:00p.m. January 31<sup>st</sup> or postmarked by January 31st)</p>
<b>Spring Entry Applicants</b>	
	<p><u>University Application</u> - Priority application to the university is from <b>August 1<sup>st</sup> to August 31<sup>st</sup></b></p> <p><u>Supplemental Nursing Application</u> - Applications are accepted <b>September 1<sup>st</sup> to 30<sup>th</sup></b> (Applications must be received in the School of Nursing by 5:00p.m. September 30<sup>th</sup> or postmarked by September 30<sup>th</sup>)</p>

### Nursing Application Steps

1. Apply to the University – at [www.csumentor.edu/AdmissionApp](http://www.csumentor.edu/AdmissionApp)  
*Apply by the priority deadline date to ensure you are admitted to the university in a timely manor.*
2. Nursing Application – [www.csustan.edu/nursing](http://www.csustan.edu/nursing) - Only completed application will be considered. If possible please provide your CSU Stanislaus student number or application number on your nursing application.
3. Official **Sealed** Transcripts
  - a. Provide official sealed transcripts from each college or university attended, including CSU Stanislaus with your nursing application to the School of Nursing.  
*Note: Official sealed transcripts may be include with your nursing application or you may have them sent directly to the School of Nursing. Be sure you indicate, Nursing Department or Admission & Records when requesting transcripts.*
  - b. If you have not already done so, provide official sealed transcripts from each college or university attended to Admissions & Records so they may process your university application in a timely manor.
4. Course Descriptions - Include a copy of catalog descriptions for any prerequisite courses that does not appear on our equivalency grid or on assist.org. Some may be found at [www.csustan.edu/nursing](http://www.csustan.edu/nursing) or [www.assist.org](http://www.assist.org)
5. Attachment - 1 Business Size Envelope with a stamp and your address.



6. Statistical Data Form – included with application (see pg. 7 of application)
7. Test – ATI (TEAS) is a pre-admission test that is required for all students applying to the nursing program.
  - a. If you take the ATI (TEAS) test here at CSU Stanislaus, the results are automatically sent to us.
  - b. If you take the ATI (TEAS) test elsewhere you must request official results be sent to us from ATI.
  - c. You may use the highest score of your first 3 attempts of the ATI (TEAS) test.

We offer the ATI (TEAS) twice a year on this campus. Check the web site for dates and times. We must receive results no later than February 15<sup>th</sup> for Fall or Oct. 15<sup>th</sup> for Spring.  
*Remember, only the highest ATI score of the applicants first 3 attempts will be used.*



**CALIFORNIA STATE UNIVERSITY, STANISLAUS**  
**School of Nursing**  
**Application to the Pre-licensure Nursing Program**

Please print clearly

Student# \_\_\_\_\_  
 (or Date of Birth)

Name (Last) (First) (Middle) (Alias/Maiden)

Address (Number & Street) (City) (State) (Zip)

Mailing Address if different: (Number & Street) (City) (State) (Zip)

Preferred Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Work Phone Optional

Alternate Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

*If you change your contact information, please notify the School of Nursing as well as the office of Enrollment Services.*

**1. Status at the time of application (check all that apply)**

a. Continuing CSU Stanislaus student with the last 9 units completed on campus

b. A newly enrolled student at CSU Stanislaus beginning: \_\_\_\_\_ Semester \_\_\_\_\_ Year

Date you applied to university \_\_\_\_\_ (approximate).

It is your responsibility to make sure you have provided all required documents so that you are admitted to the university

c. A post-baccalaureate student. Major \_\_\_\_\_ Date of Degree \_\_\_\_\_

Note: 2<sup>nd</sup> Baccalaureate students may not be admitted to the university until your nursing application has been processed

d. Permanent Residency in

Calaveras County  Merced County  Stanislaus County

Mariposa County  San Joaquin County  Tuolumne County

Other \_\_\_\_\_

2. Are you bilingual?  Yes  No (If yes you must fill out pg. 6)

3. Country of Citizenship \_\_\_\_\_

*If you are not a citizen of the United States you must attach a photocopy of both sides of your Alien Registration Card and/or INS documentation (students under 19 years old must attach their parent's INS documentation).*

4. Have you had any experience with health care, either volunteer or paid?  Yes  No  
If yes, please complete page 3 of this application.

5. Have you ever been or are you currently enrolled in a nursing program?  Yes  No  
If yes, (Answer all that apply)

Name of school/college/university: \_\_\_\_\_

Reason for leaving the program: \_\_\_\_\_

Did you leave or are you leaving in good standing?  Yes  No  
(If yes, a letter of good standing must be submitted)

What type of program are or were you enrolled in?

LVN - Dates attended: \_\_\_\_\_ still attending?  Yes  No

Are you an LVN?  Yes  No (If yes, submit a letter of interest. See nursing web site)

Associate Degree - Dates attended: \_\_\_\_\_ still attending?  Yes  No

Diploma Program - Dates attended: \_\_\_\_\_ still attending?  Yes  No

Baccalaureate Degree - Dates attended: \_\_\_\_\_ still attending?  Yes  No

Other - Dates attended: \_\_\_\_\_ still attending?  Yes  No

6. Have you ever applied to our Pre-licensure program?  Yes  No  
(You are not penalized for previous applications; this helps us locate your previous records if needed)


If yes, for what semester did you apply? Fall of \_\_\_\_\_ or Spring of \_\_\_\_\_

7. Have you taken the ATI (TEAS) test?  Yes  No

If yes, what was the *Highest Adjusted Individual Total Score* of your first 3 attempts \_\_\_\_\_%

If no, results must be received from ATI no later than February 15<sup>th</sup> for the Fall application period and no later than October 15<sup>th</sup> for the Spring application period

*I would like to use results submitted in a previous application. I previously applied for the Fall \_\_\_\_\_ / Spring \_\_\_\_\_ semester.*

 Note: Only the highest ATI score of the applicants first 3 attempts will be used.

You must have a minimum of 75% (version 4) and 67% (version 5) in the Adjusted Individual Total Score or you will be disqualified.

If you applied to our program in the last 4 semesters and submitted an ATI TEAS result that you want to use again, we will pull your results from your previous application so you will not have to resubmit the same result.

### Health Care Experience Form *(see page two question #4)*

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM	DATES TO	APPROX # HOURS EACH WEEK	SUPERVISOR & PHONE NUMBER

**Position/Title:**

Briefly describe your responsibilities (use separate sheet of paper if necessary)

Paid  Volunteer

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM	DATES TO	APPROX # HOURS EACH WEEK	SUPERVISOR & PHONE NUMBER

**Position/Title:**

Briefly describe your responsibilities (use separate sheet of paper if necessary)

Paid  Volunteer

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM	DATES TO	APPROX # HOURS EACH WEEK	SUPERVISOR & PHONE NUMBER

**Position/Title:**

Briefly describe your responsibilities (use separate sheet of paper if necessary)

Paid  Volunteer

**CALIFORNIA STATE UNIVERSITY, STANISLAUS – NURSING PREREQUISITES**

Instructions (please read instructions and follow them carefully; failure to do so will cause a delay in processing your application):

You MUST have 2 science pre-requisites and 2 non-science pre-requisites completed in order to apply. You DO NOT have to wait until all prerequisites courses have been completed. Remaining prerequisite courses may be in progress at the time of the nursing application, and one course may be taken in the summer or winter prior to Fall or Spring entry. All prerequisites must be completed by the time the program starts.

- Overall GPA of 3.0
- Science prerequisite GPA of 2.75
- Other non-science prerequisite GPA of 2.75
- Grade of C or better in each prerequisite course
- No more than 2 prerequisite courses may be repeated – Starting Fall 2012 no more than 1 science and no more than 1 non science may be repeated
- No prerequisite course may be taken more than twice
- At least 2 science prerequisite courses must be completed at the time of application
- At least 2 non-science prerequisite courses must be completed at the time of application

Prerequisite Course	Institution Where Course, or Equivalent, Was Taken	Course Name and Number	Term/Year	Grade	Units or Qtr Semester As shown on transcript	For Office Use Only Decision of Evaluator
<i>Example</i> →	<i>CSU Stanislaus</i>	<i>English Composition ENGL 1001</i>	<i>Fall 2008</i>	Grade <u>B</u>	<input checked="" type="checkbox"/> 3 Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<b>Chemistry: Biochemistry or Organic w/lab</b>				Grade _____ Lecture _____ Lab _____	_____ Lec Units _____ Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress	Do not separate Lec/Lab Units unless shown that way on transcripts					
<b>Anatomy w/lab</b>				Grade _____ Lecture _____ Lab _____	_____ Lec Units _____ Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress	Do not separate Lec/Lab Units unless shown that way on transcripts					
<b>Physiology w/lab</b>				Grade _____ Lecture _____ Lab _____	_____ Lec Units _____ Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress	Do not separate Lec/Lab Units unless shown that way on transcripts					
<b>Microbiology w/lab</b>				Grade _____ Lecture _____ Lab _____	_____ Lec Units _____ Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress	Do not separate Lec/Lab Units unless shown that way on transcripts					
<b>English Composition</b>				Grade _____	_____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress						
<b>Critical Thinking/Inquiry</b>				Grade _____	_____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress						
<b>Group Discussion or Public Speaking</b>				Grade _____	_____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress						
<b>Math – Statistics</b>				Grade _____	_____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
<input type="checkbox"/> Planned <input type="checkbox"/> In-Progress						



## CALIFORNIA STATE UNIVERSITY, STANISLAUS

### Check List

- Enclose a \$35.00 money order for the non-refundable and non-transferable program application fee. Make money order payable to: **CSU Stanislaus, Nursing**
- Official transcripts from each college or university attended after high school including CSU Stanislaus.
- Statistical Data Form (see pg. 7)
- One (1) stamped, self-addressed envelope.
- ATI TEAS test results sent from [www.atitesting.com](http://www.atitesting.com). If taken at this campus we will have your results.
- Provide your CSU, Stanislaus student I.D. number or application number if possible.
- Be sure course descriptions have been included if required. (See pg. 0, Step 4)

Make money order payable to: **CSU Stanislaus, Nursing**

**(No Personal Checks Accepted)**

You may hand carry or mail application to:

**Department of Nursing, CSU Stanislaus  
One University Circle,  
Turlock, CA 95382**

*Nursing is a profession, which requires an exceptional level of honesty and integrity. As an applicant to the Nursing program at CSU Stanislaus you are responsible for the accuracy of your application. Your signature below verifies that the information contained in this application is true and accurate to the best of your knowledge. Falsifying or knowingly providing inaccurate information is grounds for disqualification and/or dismissal from the nursing program.*

I certify that the foregoing statements on this application are true, complete, and accurate:

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NURSING APPLICATION DEADLINE:** Fall - January 2<sup>nd</sup> to January 31<sup>st</sup>  
Spring - September 1<sup>st</sup> to 30<sup>th</sup>

APPLY TO THE UNIVERSITY BY THE PRIORITY APPLICATION DEADLINE: Fall - November 30<sup>th</sup>  
Spring - August 31<sup>st</sup>

University applications received by the priority deadline and those admitted to the university by the nursing application deadline will be considered for selection before any others are considered.

➔ **It is the applicant's responsibility to contact Admissions & Records regarding university admission.  
Keep a photocopy of this application for your records.**

# CERTIFICATION OF LANGUAGE PROFICIENCY

(Proficiency in English and One Other Language)

Deadline for Fall Admission is Jan. 31<sup>st</sup> and Spring Admission is Sept. 30<sup>th</sup>

*Instructions to the applicant: This form is OPTIONAL and is not required to be considered for admission to the Nursing degree program. If you qualify, submit this form with your application for the additional admission points.*

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## SECTION I Student completes this section

Applicant Name \_\_\_\_\_ Student # \_\_\_\_\_

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## SECTION II The person completing this language proficiency certification:

1. must be fluent in the identified foreign language and
2. must have known the applicant and observed his/her language skills in the past year.
3. must not be a close family member or friend.

Certification of proficiency in the language of \_\_\_\_\_.

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

1. How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How often have you observed the applicant conversing/translating in this language?

Daily     2+ days per week     1 day a week     Other: \_\_\_\_\_

In each of the following questions, please rate the applicant on a scale from 1(low) to 5 (high):

1 = inadequate second language proficiency for professional communication

3 = able to translate in a medical emergency

5 = highly competent in speaking and writing proficiency

3. Applicant's proficiency in **speaking** this second language is:    1    2    3    4    5

4. Applicant's proficiency in **writing** this second language is:                   

Signature \_\_\_\_\_

Date \_\_\_\_\_



# California State University, Stanislaus

School of Nursing DBH 260  
One University Circle, Turlock, CA 95382

Phone: 209-667-3141

Fax: 209-667-3690

## STATISTICAL DATA FORM

The following information will be used for accreditation and the State Board of Registered Nursing statistical reports only. The data is confidential. It is unlawful to discriminate against you on the basis of this information.

Full Name	Semester Application is for	Date of Birth
	Fall <input type="checkbox"/> Year _____ Spring <input type="checkbox"/> Year _____	

**GENDER:**  Male  Female

**RACE / ETHNICITY:** (Please select only one)

- BLACK:** ..... African origin; not of Hispanic origin
- ASIAN:** ..... Far Eastern, Southeast Asian, or Indian Origin
  - Chinese  Japanese  Korean  Vietnamese
  - Asian Indian  Cambodian  Laotian  Other \_\_\_\_\_
- PACIFIC ISLANDER:** ..... Hawaiian Islands or Pacific Island origin
  - Hawaiian  Guamanian/Chamorro  Samoan  Other \_\_\_\_\_
- HISPANIC:** ..... Spanish/Latin-American/Latino
  - Cuban  Mexican  Mexican-American/Chicano  Puerto Rican
  - Other \_\_\_\_\_
- CAUCASIAN**
- AMERICAN INDIAN:** ....Indian origin Native to the Americas with cultural identification
  - Aleut  Eskimo  Native American: Tribe/Nation \_\_\_\_\_
  - Other \_\_\_\_\_
- FILIPINO**
- OTHER NON-WHITE**
- DECLINE TO STATE**

**CHECK THE PROGRAM FOR WHICH YOU HAVE APPLIED:** (select only one)

- Pre-Licensure
- LVN to BSN
- RN to BSN

**HOW DID YOU LEARN OF OUR PROGRAM?**

- CSU, Stanislaus Outreach Office
- Colleague, Friend, Alumni or Relative
- Hospital
- Other \_\_\_\_\_
- Advertising (source) \_\_\_\_\_
- CSU School of Nursing
- Another college's nursing program