



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

Revised 3.7.18

Application Deadlines

Fall Entry Applicants



University Application – The Fall application period to the university is from **Oct. 1st to Nov. 30th**

Nursing Application – Applications are accepted **December 1st to January 15th**

(Applications must be received in the Cashier's Office or in their dropbox no later than 5:00 p.m. January 15th or postmarked by January 15th even in the event that the deadline date falls on a holiday or weekend. – **NO EXCEPTION REGARDLESS.** You must plan ahead.)

Spring Entry Applicants



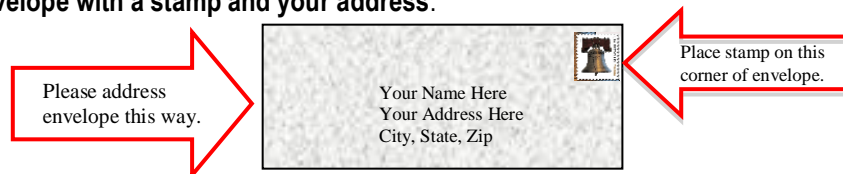
University Application – The Spring application period to the university is from **August 1st to August 31st**

Nursing Application - Applications are accepted **September 1st to 30th**

(Applications must be received in the Cashier's Office or in their dropbox no later than 5:00 p.m. January 15th or postmarked by January 15th even in the event that the deadline date falls on a holiday or weekend. – **NO EXCEPTION REGARDLESS.** You must plan ahead.)

Nursing Application Steps

1. **Apply to the University** – at www.2calstate.edu/apply
Apply by the deadline date to ensure you are admitted to the University in a timely manner.
2. **Nursing Application** – www.csustan.edu/nursing - Only completed applications 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 included with your nursing application or you may have them sent directly to the School of Nursing. Be sure you indicate, Nursing Department
 - 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 manner.
4. **Course Descriptions** - Include a copy of catalog descriptions for any prerequisite courses that **do not appear** on our Equivalency Grid or on assist.org. Some descriptions may be found at www.csustan.edu/nursing or www.assist.org
5. **Attach - 2 Business Size Envelope with a stamp and your address.**



6. **Complete the Statistical Data Form** – included with application (see pg. 7 of application important for funding).
7. **ATI (TEAS) test** 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. We will use the highest score of your first 3 attempts of the ATI (TEAS) test.

We offer the TEAS test on this campus in the testing center. Check the Testing Center website for dates and times or the ATI website. We must **receive** results no later than January 15th for Fall or September 30th for Spring.

NO EXCEPTIONS REGARDLESS

Remember, 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
 (or currently enrolled in at least 9 units 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: 2nd Baccalaureate students cannot 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 to receive the points*

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 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 _____

6. 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 the last date of the application filing period in which you are applying.

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 70% in the Adjusted Individual Total Score to apply.

If you have applied to our program previously 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 one question #4)

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM: mo/day/yr	DATES TO: mo/day/yr	Total Number of Hours worked	SUPERVISOR & PHONE NUMBER
-----				-----

Position/Title:

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

Paid Volunteer
 Full Time Part Time

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM: mo/day/yr	DATES TO: mo/day/yr	Total Number of Hours worked	SUPERVISOR & PHONE NUMBER
-----				-----

Position/Title:

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

Paid Volunteer
 Full Time Part Time

HEALTH CARE AGENCY NAME & ADDRESS	DATES FROM: mo/day/yr	DATES TO: mo/day/yr	Total Number of Hours worked	SUPERVISOR & PHONE NUMBER
-----				-----

Position/Title:

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

Paid Volunteer
 Full Time Part Time

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 3.0
- Other non-science prerequisite GPA of 3.0
- Grade of C or better in each prerequisite course
- Only 2 prerequisite courses may be repeated – No more than 1 science and no more than 1 non science may be repeated
- No single 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 <small>Indicate if Planned or In progress</small>	Institution <small>Where Course, or Equivalent, Was Taken</small>	Course Name and Number <small>No pre-requisite box may be left blank.</small>	Term/Year	Grade	Units or Qtr Semester <small>As shown on transcripts</small>	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>	<u> 3 </u> Units <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Chemistry: General, Inorganic, Organic or Integrated <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress				Grade _____ <small>Lecture</small>	____Lec Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Anatomy w/lab <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress	<small>Do not separate Lec/Lab Units unless shown that way on transcripts</small>			Grade _____ <small>Lecture</small> Grade _____ <small>Lab (if separate)</small>	____Lec Units ____Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Physiology w/lab <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress	<small>Do not separate Lec/Lab Units unless shown that way on transcripts</small>			Grade _____ <small>Lecture</small> Grade _____ <small>Lab (if separate)</small>	____Lec Units ____Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Microbiology w/lab <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress	<small>Do not separate Lec/Lab Units unless shown that way on transcripts</small>			Grade _____ <small>Lecture</small> Grade _____ <small>Lab (if separate)</small>	____Lec Units ____Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
English Composition <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Critical Thinking/Inquiry <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Group Discussion or Public Speaking <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Math – Statistics <input type="checkbox"/> Planned <input type="checkbox"/> In-Progress				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	

CALIFORNIA STATE UNIVERSITY, STANISLAUS
School of Nursing

Check List

- Enclose a \$60.00 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)
- Two (2) stamped, self-addressed envelopes.
- ATI TEAS test results sent from 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.
- Provide your Name and Semester applying for on each page of application.
- 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:

Main Cashiers, MSR 100, 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 – December 1st to January 15th
 Spring - September 1st to 30th

All applications requirements must be received by the deadline date, regardless if the deadline date falls on a holiday or weekend **NO EXCEPTIONS**

APPLY TO THE UNIVERSITY BY THE APPLICATION DEADLINE: Fall - November 30th
 Spring - August 31st

➔ **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. 15th and Spring Admission is Sept. 30th

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.

SECTION I Student Completes This Section

Applicant Name _____ Student # _____

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.
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

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Applicant's proficiency in speaking this second language is: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Applicant's proficiency in writing this second language is: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Date



California State University, Stanislaus

School of Nursing Science 1, #225
 One University Circle, Turlock, CA 95382

Phone: 209-667-3141
 Fax: 209-667-3690

STATISTICAL DATA FORM (Optional)

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 ASBSN
- LVN to BSN MSN
- RN to BSN or RN to BSN Online Health Science

HOW DID YOU LEARN OF OUR PROGRAM?

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