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

Application Deadlines

Fall Entry Applicants

University Application - Priority application to the university is from Oct. 1st to Nov. 30th

Supplemental Nursing Application – Applications are accepted January 2nd to January 31st
(Applications must be received in the School of Nursing by 5:00p.m. January 31st or postmarked by January 31st)

Spring Entry Applicants

University Application - Priority application to the university is from August 1st to August 31st

Supplemental Nursing Application - Applications are accepted September 1st to 30th
(Applications must be received in the School of Nursing by 5:00p.m. September 30th or postmarked by September 30th)

Nursing Application Steps

1. Apply to the University – at 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 - 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 included 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 do not appear on our equivalency grid or on assist.org. Some may be found at www.csustan.edu/nursing or 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 15th for Fall or Oct. 15th 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

Student#
(or University Application # if possible)

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: (       ) -
Alternative 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. A minimum of 9 units recently completed at CSU Stanislaus
   □ b. A newly enrolled student at CSU Stanislaus beginning: ____________________________
      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 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 15th for the Fall application period and no later than October 15th for the Spring application period

   Note: Only the highest ATI score of the applicants first 3 attempts will be used. You must have a minimum of 75% 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 AGENCY NAME & ADDRESS

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<th>APPROX # HOURS EACH WEEK</th>
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#### Position/Title:
Briefly describe your responsibilities (use separate sheet of paper if necessary)

- [ ] Paid
- [ ] Volunteer

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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 2nd to January 31st
Spring - September 1st to 30th

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

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. 31st 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 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: 1 2 3 4 5

Signature ___________________________ Date ___________________________
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 ________________

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 □ Advertising (source) ____________
□ Colleague, Friend, Alumni or Relative □ CSU Nursing Department
□ Hospital □ Another college’s nursing program
□ Other ______

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