



CALIFORNIA STATE UNIVERSITY, STANISLAUS School of Nursing

APPLICATION TO RN TO BSN PROGRAM

Fall Nursing Application Filing Period March 1st to April 30th

Space is limited and applicants will be admitted in the order in which the application is received.

University Application – www.csumentor.edu See web site for deadline dates.

Supplemental Nursing Application – www.csustan.edu/nursing Accepted between **March 1st to April 30th**

The CSU, Stanislaus RN to BSN program can be taken either on a full-time or part-time basis. Students on the full-time track will receive first priority in class enrollment in order to guarantee that they complete the nursing major in 3 semesters. Students who wish to complete the BSN on a part-time basis may proceed at their own pace; however, following the recommended track helps insure class availability. Class offerings, as presented, are dependent upon adequate enrollments.

RN to BSN students are admitted in the Fall semester only. Students wanting to begin course-work in the spring are encouraged to take any required general education courses.

The following prerequisites must be completed prior to admission to the nursing program.

- Oral Communication/Speech
- Written English Composition
- Critical Thinking/Logic
- Statistics

Step 1 - University Application - Students must first apply to the university prior to applying to the nursing program. University admission is required before final acceptance into the School of Nursing.

Step 2 – Nursing Application - Send completed application with a copy of your current RN license. If you are still taking your boards, note that on the application and send a copy of your license when you receive it. Send one (1) set of official transcripts from each previous attended college or university to the School of Nursing. This is in addition to the set of transcripts that you must send to Enrollment Services when you apply to the university. The clinical letter, which is a letter validating clinical competence, is required of all applicants unless you have completed your associate degree in nursing within the last year. (Pg. 4 of application)

If not currently working as an RN, the ATI Predictor exam will be used in place of the clinical letter.



CALIFORNIA STATE UNIVERSITY, STANISLAUS RN to Bachelor of Science in Nursing Program Application

*Fall Application Filing Period March 1st to April 30th
Applications received after deadline date will be considered on space available basis.*

(PLEASE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS BEFORE SENDING)

Student# _____
(or Date of Birth)

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

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

Home Phone: () _____ - _____ CSU Email: _____

Cell Phone: () _____ - _____ Email: _____

California R.N. License Number _____ Expiration Date _____

Or

Date RN exam will be taken on _____

ACADEMIC INFORMATION: List education preparation in nursing and colleges attended.

Name of College Where Associate Degree Was or Will Be Completed	Month & Year ADN Completed
Name of Other Colleges Attended	
Month & Year Diploma or Degree Obtained	

I am interested in starting: Fall (year) _____

Full-time or part-time program? Full-Time Part-Time

Required Prerequisite Courses

	Name of College	Course <u>Number</u> & Name	Term/Year	Grade
<i>Oral Communication/Speech</i>				
<i>Written English Composition</i>				
<i>Critical Thinking/Logic</i>				
<i>College Level Math/Statistics</i>				

EMPLOYMENT RECORD: List the last two positions you held as an R.N. (*Most Recent First*)

Employer Name & Address	Position Held	Dates From	Dates To	Supervisor Name & Phone Number
Briefly describe your responsibilities				
Employer Name & Address	Position Held	Dates From	Dates To	Supervisor Name & Phone Number
Briefly describe your responsibilities				

1. Do you aspire to earn a degree beyond the B.S. in Nursing: Yes No Uncertain
 If yes, Master's Doctorate

2. Main reason for selecting CSU Stanislaus _____

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

 (Applicant's Signature)

 (Date)

RETURN COMPLETED APPLICATION ALONG WITH APPLICATION FEE OF \$15.00 TO:

School of Nursing DBH260
 California State University, Stanislaus
 One University Circle
 Turlock, California 95382

Be sure to include:

- ✓Official Transcripts
- ✓Statistical data form (see pg. 5)
- ✓\$15.00 money order for application fee
- ✓Clinical letter if required (see pg. 4)
- ✓Copy of CA RN license or date of ADN



CALIFORNIA STATE UNIVERSITY, STANISLAUS
School of Nursing
 One University Circle
 Turlock, CA 95382

REGISTERED NURSE CLINICAL COMPETENCY LETTER
 (Required unless the ADN was completed within a year of the starting semester.)

Name of Student: _____

Date of Employment: _____

Supervisor's Name: _____

Area: _____

Employer: _____

Position: _____

Address: _____

Dear Employer:

The School of Nursing requests a letter validating clinical competencies as part of the admission process. As the applicant's immediate supervisor, you are in the best position to provide this information. Please rate the above candidate on the following areas regarding clinical competency:

(Please mark appropriate box.)

The applicant:

Maintains currency in the field.

1 Poor	2 Fair	3 Average	4 Competent	5 Expert	Not Applicable
1	2	3	4	5	N/A

Effectively applies the nursing process to plan nursing care.

1	2	3	4	5	N/A
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Is technically competent in the nursing area.

1	2	3	4	5	N/A
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Interacts effectively with clients.

1	2	3	4	5	N/A
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Is able to diagnose (nursing) and monitor client conditions.

1	2	3	4	5	N/A
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Is able to effectively manage rapidly changing conditions.

1	2	3	4	5	N/A
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Is able to administer and monitor therapeutic interventions and regimens.

1	2	3	4	5	N/A
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Please specify below additional information about clinical competency such as current clinical ladder step, competency assessment achievements or other indicators of currency in the field of nursing. Please feel free to attach additional information if necessary.

Supervisor's 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: (Select 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 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