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 no later than 5:00 p.m. January 15th or postmarked by January 15th)

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 no later than 5:00 p.m. September 30th or postmarked by September 30th)

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 manner.

2. **Nursing Application** – [www.csustan.edu/nursing](http://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 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 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](http://www.csustan.edu/nursing) or [www.assist.org](http://www.assist.org)

5. **Attach - 1 Business Size Envelope with a stamp and your address.**

   Place stamp on this corner of envelope.

6. **Complete the Statistical Data Form** – included with application (see pg. 7 of application important for funding).

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

   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 ID#/Name ____________________________ Semester ______________________

Student# ____________________________________________ (OR Date of Birth)

_________________________ ___________________________ ___________________________
(Last) (First) (Middle) (Alias/Maiden)

_________________________ ___________________________ ___________________________
(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).
Have you had any experience with health care, either volunteer or paid?  □ Yes  □ No
*If yes, please complete page 3 of this application.*

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 with your application*

What type of program are you, 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

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 _______

Have you taken the ATI (TEAS V) 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.***

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*Note: Only the highest ATI score of the applicants first 3 attempts will be used. You must have a minimum of 70% Version V in the Adjusted Individual Total Score to apply. If you have applied to our program previously and submitted an ATI TEAS V 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)

<table>
<thead>
<tr>
<th>HEALTH CARE AGENCY NAME &amp; ADDRESS</th>
<th>DATES FROM: mo/day/yr</th>
<th>DATES TO: mo/day/yr</th>
<th>Total Number of Hours worked</th>
<th>SUPERVISOR &amp; PHONE NUMBER</th>
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Position/Title:
Briefly describe your responsibilities (use separate sheet of paper if necessary)

- Paid
- Volunteer
- Full Time
- Part Time

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

<table>
<thead>
<tr>
<th>Prerequisite Course</th>
<th>Institution</th>
<th>Course Name and Number</th>
<th>Term/Year</th>
<th>Grade</th>
<th>Units or Qtr Semester</th>
<th>For Office Use Only Decision of Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry: Biochemistry or Organic</td>
<td>CSU Stanislaus</td>
<td>English Composition ENGL 1001</td>
<td>Fall 2008</td>
<td>Grade B</td>
<td>3 Units</td>
<td>☑</td>
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<tr>
<td>Planned ☐ In-Progress</td>
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<td>Grade</td>
<td>Lecture</td>
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<td>Anatomy w/lab</td>
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<td>Grade</td>
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<td>Planned ☐ In-Progress</td>
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<td>Grade</td>
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<td>Physiology w/lab</td>
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<td>Planned ☐ In-Progress</td>
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<td>Microbiology w/lab</td>
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<td>Grade</td>
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<td>Planned ☐ In-Progress</td>
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<td>English Composition</td>
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<td>Planned ☐ In-Progress</td>
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<td>Grade</td>
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<tr>
<td>Critical Thinking/Inquiry</td>
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<td>Grade</td>
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<td>Planned ☐ In-Progress</td>
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<td>Group Discussion or Public Speaking</td>
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<tr>
<td>Math – Statistics</td>
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<td>Grade</td>
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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 – December 1st to January 15th
Spring - September 1st to 30th

APPLY TO THE UNIVERSITY BY THE 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:  □  □  □  □  □

4. Applicant’s proficiency in writing this second language is:  □  □  □  □  □
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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Semester Application is for</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td></td>
<td>Fall Year ______</td>
<td></td>
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<td></td>
<td>Spring Year ______</td>
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**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
- [ ] ADN 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