



Accelerated Second Bachelors Nursing Program (ASBSN)

Application Instructions

1. Apply to the University – at <https://www2.calstate.edu/apply>
 - A \$55.00 program application fee is required.
2. ASBSN Application – <https://www.csustan.edu/uee/undergraduate-programs/asbsn-program/how-apply> -
 - A \$60.00 program application fee is required. Make checks payable to: CSU Stanislaus
3. Official Sealed Transcripts
 - Provide official sealed transcripts from each college or university attended, including CSU Stanislaus with your nursing application to the ASBSN Program Office.
 - If official copies are not available, you may include unofficial copies with your application, and send official transcript as soon as possible.
 - If you need to order official transcripts, do so immediately, and submit with your application packet. DO NOT send to the main Turlock campus. This will delay your application.
 - Mail or hand deliver your completed application packet to:
CSU Stanislaus, Stockton Center
School of Nursing ASBSN Program
612 East Magnolia Street
Stockton, CA 95202-1846

***Note: NO APPLICATION PACKET WILL BE REVIEWED WITHOUT OFFICIAL TRANSCRIPTS**
4. Course Descriptions - Include a copy of catalog descriptions for any prerequisite courses that do not appear on program [Course Equivalency Grid](#) or on assist.org.
5. Complete the Statistical Data Form (Required)– included with application
6. ATI (TEAS) test V or higher is a pre-admission test that is required for all students applying to the nursing program.
 - If you take the ATI (TEAS) test here at CSU Stanislaus, the results are automatically sent to us.
 - If you take the ATI (TEAS) test elsewhere you must request official results be sent to us from ATI.
 - We will use the highest score of your first 3 attempts of the ATI (TEAS) test.
 - You must have a minimum of 70% (version V or higher) in the Adjusted Individual Total Score in order to qualify.
 - Registration information can be found at: <https://www.atitesting.com/Home.aspx>
We offer the TEAS V test on the Turlock campus in the testing center. Check the Testing Center website for dates and times. We must receive results no later than the application deadline.
Remember, the highest ATI score of the applicants first 3 attempts will be used.
7. Foreign Language Proficiency (if bilingual)

- Please complete the certification of Language Proficiency Form

Important

Step 2: Only after you have been notified of conditional acceptance to the program, will you be asked to:

- Return your acceptance letter along with your non-refundable program deposit fee (Deposit amount TBA)

Note: The program deposit fee will be credited towards your total tuition fees account balance.

All application materials are available on our website: [ASBSN](#)

**Accelerated Second Bachelors Nursing Program (ASBSN)****Application Packet Check List**

- Enclose a \$60.00 money order for the non-refundable and non-transferable ASBSN program application fee. Make money order payable to: **CSU Stanislaus**

- Apply to the University online at <https://www2.calstate.edu/apply>

- Official transcripts from each college or university attended after high school including CSU Stanislaus.
- Statistical Data Form
- ATI TEAS test results sent from www.atitesting.com. If taken at CSU Stan we will have your results.
- Provide your Name and Semester applying for on each page of application.
- Be sure course descriptions have been included if required.

Make money order payable to: **CSU Stanislaus (No Personal Checks Accepted)**

You may hand carry or mail application packet to:

**CSU Stanislaus Stockton Center
School of Nursing, ASBSN Program
612 East Magnolia St.
Stockton, CA 95202-1846**

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: _____



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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 ASBSN Program Office as well as the office of Enrollment Services.

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

a. A graduate of any CSU campus

Name of campus: _____

b. A post-baccalaureate student. Major _____ Date of Degree _____

c. 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. 7 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.



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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 with your application)

What type of program are you, or were you enrolled in?

LVN - Dates attended: _____ Still attending? Yes No

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 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.

I would like to use results submitted in a previous application. I previously applied for the Fall _____ semester.

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)*

| 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



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ASBSN PROGRAM PREREQUISITES

Instructions: please read instructions and follow them carefully; failure to do so will cause a delay in processing your application You MUST have all 10 pre-requisites completed in order to apply.

- 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.
- No online courses will be accepted as meeting science prerequisites.
- Lab courses must be on-site supervised.

| Prerequisite Course | Institution Where Course, or Equivalent, Was Taken | Course Name and Number No pre-requisite box may be left blank. | Term/Year | Grade | Units or Qtr. Semester As shown on transcripts | For Office Use Only Decision of Evaluator |
|-------------------------|--|---|--------------|----------------------------------|--|--|
| Example → | CSU Stanislaus | English Composition ENGL 1001 | Fall 2008 | Grade__ B _____ Lecture | <u>3</u> Units __X__Sem. __Qrt. | |
| Chemistry | Do not separate Lec/Lab Units unless shown that way on transcripts | | | Grade__ _____ Lecture | ____ Units ____ Units __ Sem. __Qrt. | |
| | | | | Grade__ _____ Lab | | |
| Anatomy w/lab | Do not separate Lec/Lab Units unless shown that way on transcripts | | | Grade__ _____ Lecture | ____ Units ____ Units __ Sem. __Qrt. | |
| | | | | Grade__ _____ Lab | | |
| Physiology w/lab | Do not separate Lec/Lab Units unless shown that way on transcripts | | | Grade__ _____ Lecture | ____ Units ____ Units __ Sem. __Qrt. | |
| | | | | | | |

| | | | | | | |
|--|--|--|--|-----------------------------|-------------------------------|--|
| | | | | Grade__ _____ | | |
| | | | | Lab | | |
| OR | | | | | | |
| Anatomy & Physiology I w/lab | Do not separate Lec/Lab Units unless shown that way on transcripts | | | Grade__ _____ | _____ Units | |
| | | | | Lecture Grade__ _____ | _____ Units __ Sem. __Qrt. | |
| & Anatomy & Physiology II w/lab | Do not separate Lec/Lab Units unless shown that way on transcripts | | | Grade__ _____ | _____ Units | |
| | | | | Lecture Grade__ _____ | _____ Units __ Sem. __Qrt. | |
| Microbiology w/lab | Do not separate Lec/Lab Units unless shown that way on transcripts | | | Grade__ _____ | _____ Units | |
| | | | | Lecture Grade__ _____ | _____ Units __ Sem. __Qrt. | |
| English Composition | | | | Grade__ _____ | _____ Units | |
| | | | | Lecture | __ Sem. __Qrt. | |
| Critical Thinking/Inquiry | | | | Grade__ _____ | _____ Units | |
| | | | | Lecture | __ Sem. __Qrt. | |
| Group Discussion or Public Speaking | | | | Grade__ _____ | _____ Units | |
| | | | | Lecture | __ Sem. __Qrt. | |

| | | | | | | |
|-----------------------------------|--|--|--|-----------------------------|-----------------------------|--|
| Math—Statistics | | | | Grade__ _____ Lecture | ____ Units __Sem. __Qrt. | |
| Introduction to Psychology | | | | Grade__ _____ Lecture | ____ Units __Sem. __Qrt. | |
| Introduction to Sociology | | | | Grade__ _____ Lecture | ____ Units __Sem. __Qrt. | |



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CERTIFICATION OF LANGUAGE PROFICIENCY -Optional

(Proficiency in English and One Other Language)

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 _____

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?

- checkbox Daily checkbox 2+ days per week checkbox 1 day a week checkbox 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 _____



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STATISTICAL DATA FORM- Required

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 or ASBSN
- 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