



CALIFORNIA STATE UNIVERSITY, STANISLAUS
School of Nursing
Application to the LVN to BSN Nursing Program

Application Deadlines

Spring Entry Applicants



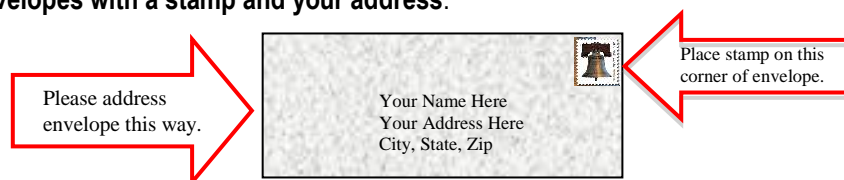
University Application - The Spring application period to the university is from **August 1st to August 31st**

Nursing Application - Applications are accepted **August 1st to August 31st**

(Applications must be received in the Cashier's Office no later than 5:00 p.m. August 31st or postmarked by August 31st)

Nursing Application Steps

1. **Apply to the University** – at www.2calstate.edu/apply
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 - 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 Envelopes 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.
8. **ATI Fundamentals and Pharmacology** are also pre-admission exams that are required for all students applying to the LVN to BSN program.
 - a. You can only take the ATI Fundamentals and Pharmacology here on our campus.
 - b. You must pass the ATI Fundamentals and Pharmacology with a score of Level One or better. Only the first 2 attempts will be considered. If you score below Level One on both attempts, you will be disqualified.

CALIFORNIA STATE UNIVERSITY, STANISLAUS
School of Nursing
Application to the LVN to BSN 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: _____

California LVN License Number _____ Expiration Date _____

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.

7. **Have you taken the ATI Fundamental Exam?** Yes No

If yes, what was the *Highest Adjusted Individual Total Score*: _____%?

ATI Proficiency Level: _____

8. **Have you taken the ATI Pharmacology Exam?** Yes No

If yes, what was the *Highest Adjusted Individual Total Score* _____%?

ATI Proficiency Level: _____

I would like to use results submitted in a previous application. I previously applied in _____ (year)



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 2, 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				Grade _____ Lecture	____ Lec Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Anatomy w/lab	<small>Do not separate Lec/Lab Units unless shown that way on transcripts</small>			Grade _____ Lecture Grade _____ Lab (if separate)	____ Lec Units ____ Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Physiology w/lab	<small>Do not separate Lec/Lab Units unless shown that way on transcripts</small>			Grade _____ Lecture Grade _____ Lab (if separate)	____ Lec Units ____ Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Microbiology w/lab	<small>Do not separate Lec/Lab Units unless shown that way on transcripts</small>			Grade _____ Lecture Grade _____ Lab (if separate)	____ Lec Units ____ Lab Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
English Composition				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Critical Thinking/Inquiry				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Group Discussion or Public Speaking				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	
Math – Statistics				Grade _____	____ Units <input type="checkbox"/> Sem <input type="checkbox"/> Qtr	



CALIFORNIA STATE UNIVERSITY, STANISLAUS

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: August 31st

APPLY TO THE UNIVERSITY BY THE APPLICATION DEADLINE: 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 Admission is August 31st

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 _____



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 Spring <input type="checkbox"/> Year _____	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
- 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 _____