

SAN DIEGO STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF NURSING
UNDERGRADUATE
APPLICATION FOR ADMISSION

I. General Information

Prospective students are eligible to apply for admission to the School of Nursing when they have completed, or will complete within the current semester, all pre-requisite courses for the nursing program. For the most current information about pre-requisite courses, grade requirements, etc. consult the School of Nursing website at <http://nursing.sdsu.edu>. It is the student's responsibility to periodically check the nursing website for current information and updates on deadlines, etc.

Those eligible to apply for admission are requested to **read carefully** the admission procedures described on the website and complete all items on the application with care. An application that is incomplete or inaccurate cannot be processed or considered for admission.

Send completed application to:

SCHOOL OF NURSING MC 4158
SAN DIEGO STATE UNIVERSITY
5500 CAMPANILE DRIVE
SAN DIEGO CA 92182-4158
Attn: Admissions Coordinator

Applications to the School of Nursing coincide with San Diego State University's application cycle. The application cycle for **both** SDSU and the School of Nursing is October 1st to November 30th. (These dates may vary. You are responsible for checking the SDSU and School of Nursing websites for any changes).

For the School of Nursing, submit **only the application**, between October 1st and November 30th. You will submit the additional required documents at a later date.

Please note: Starting Fall 2010 the October 1st to November 30th admission cycle will be for both Fall and Spring semesters. In other words, there will be only ONE admission cycle for the academic year.

School of Nursing Packets for the Fall/Spring Academic Year will be due by **January 15th**.

The Completed Packet includes:

- Official (unopened) transcripts from **ALL** colleges and universities attended to date, including SDSU's if are a current student.
- Health Care verification letter on official agency letterhead (see sample letter for information to include in the letter).
- TEAS Test Results. Please submit your highest score only.
- Catalog year Fall 2008 and before must also include:
 - Leadership verification letter on official agency letterhead, and
 - Documentation to support Foreign Language Education or Bilingual ability.

Once your packet is completed, deliver it in person to the School of Nursing Office. Bring a detailed listing of packet contents to be verified and signed by the office staff. If sending by mail to the School of Nursing request delivery confirmation from any delivery agency (e.g. USPS, UPS, or Fed EX, etc.). **IMPORTANT** an application will not be considered for admission unless the School of Nursing receives **all materials by January 15th**.

Final Grades in Progress for the Fall semester **MUST** be included on your official transcript that you submit on January 15th. **Final Grades in Progress** for the Spring semester **MUST** be submitted on an official transcript by June 30th.

Please note: If you received a provisional admittance letter for a Spring semester start you **MUST** receive the grade we projected or your admittance to the School of Nursing will be denied.

II. Admission to the University

Admission to the School of Nursing is contingent upon admission to the University. For more Information on applying to San Diego State University (SDSU), please visit their website at www.sdsu.edu or www.csumentor.edu.

III. Admission to the School of Nursing requires the following:

ADMISSION CHECKLIST:

(Check off items as completed)

A. Application – Due between October 1st to November 30th

1. ____ Complete and submit an application to the School of Nursing between October 1st and November 30th. Information, as well as an application, can be downloaded from our website, <http://nursing.sdsu.edu>.
2. ____ Students not currently enrolled as a continuing student at SDSU, **MUST** complete and submit an application to San Diego State University (SDSU) during their admission cycle of October 1st to November 30th. Applications are available electronically at www.csumentor.edu.

B. Packet – Due January 15th for both Fall /Spring starts.

1. _____ A set of official transcripts from **ALL** colleges and universities attended, including an SDSU transcript if you are a current student. Transfer information on pre-requisite courses, not completed at SDSU, can be obtained at www.sdsu.edu/tap. Classes not verified, or those in question, **MUST** be evaluated by the Student Services Advisor at the School of Nursing.

NOTE: Final grades for Spring semester starts **MUST** be submitted on an Official Transcript by June 30th. If you receive a provisional admittance letter for the Spring semester, you **MUST** receive the grade we projected or your admittance to the School of Nursing will be denied.

2. _____ Verification letter(s) on official letterhead from agencies documenting your **Health Care** experience.

3. _____ Official **TEAS Test** Results. If you took the test more than once, please submit your highest score only.

4. _____ Verification letter (s) on official letterhead from agencies documenting your **Leadership** experience (for applicants whose catalog year is prior to Fall 2008).

5. _____ Documentation supporting **Foreign Language Education or Bilingual Ability** (e.g. high school transcript, college/university transcript, or verification letter on official letterhead confirming bilingual ability).

III. ADMISSION CRITERIA

Because of the keen competition for admission, applicants will be ranked and evaluated on the Basis of a point system. For students using Catalog years prior to Fall 2009, a maximum of 77 Points can be earned and each applicant's total points will determine ranking. For students using Catalog year Fall 2009 and beyond, a maximum of 90 points can be earned and each applicant's total points will determine ranking.

If an applicant is not admitted to the School of nursing, he/she **MUST re-apply** during the application cycle for the following year.

II. List in chronological order all colleges and universities you have attended, beginning with the school where you are currently enrolled. Give locations of each institution, the dates of your attendance, your declared major, and the date of your graduation (if applicable).

Institution/Location	Dates of Attendance	Declared Major	Degree/Date Received

III. List all pre-requisite courses you are completing this academic year.

Course Number	Course Title	Where Enrolled	Indicate Semester(s)

IV. Are you applying through a Military Program? _____
(yes/no)

Program:
MECP _____ Army ROTC _____ STA-21 _____ Other _____

Branch of Service _____

I verify that to the best of my knowledge, all information given in this application is true and complete.

Signature

Date

DEMOGRAPHIC DATA SHEET
Undergraduate Application

The School of Nursing is routinely requested to prove demographic information about students who are accepted and/or apply to the program. This information is not considered part of the application nor will be used in determining your admission status. Although the information request is OPTIONAL, we would appreciate your cooperation in completing this questionnaire.

Name _____ Red ID _____

City & State of Permanent Address _____

Date of Birth _____ Sex: Female _____ Male _____

Are you Active Duty Military? Yes _____ NO _____ Branch of Military _____

Country of Citizenship _____

Number of years of pervious Health Care Experience _____

Health Care Positions held in the last five Years: _____

College/University currently enrolled: _____

Ethnic Background:

_____ American Indian	_____ SE Asian	_____ White
_____ African-American	_____ Asian	_____ International
_____ Mexican-American	_____ Filipino	_____ Decline to state
_____ Other Hispanic	_____ Pacific Islander	

MUST BE OFFICIAL LETTERHEAD FROM FACILITY

(SAMPLE ONLY)

(date)

To Whom It May Concern:

Jane Smith has volunteered (or was employed) at ABC Healthcare from August 2008 to January 2009. To date Jane has volunteer (or worked) a total of 235 hours. Her duties consisted of : (duties must be direct patient contact)

- Transporting patients to and from x-ray, etc.
- Answering call lights for patient needs
- In room visits with patients
- Comforting or calming patients
- Assisting in dressing or feeding patients

If you have any questions, please contact me at 619-555-1234.

Sincerely,

(signature)

Jim Smith
Volunteer Coordinator