

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 prerequisites for the nursing program. For the most current information about prerequisite courses, grade requirements, etc., consult the School of Nursing web site at <http://nursing.sdsu.edu>. It is the student's responsibility to periodically check the nursing web site 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 web site 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, official transcripts and all supporting documents (see IIIg) to:

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

Application deadlines to the School of Nursing coincide with SDSU's application deadlines. Currently, for the Fall semester, the application deadline for **both** SDSU and the School of Nursing is **November 30**; for the Spring semester, it is **August 31**. (These dates may vary – you're responsible for checking the SDSU and Nursing web sites for any changes.)

For the School of Nursing, **only the application** is due by the above deadlines. Additional deadlines for the SON are as follows:

For the **Spring semester**, please submit all verifying documents and official transcripts in packet form by Oct. 1st; all final grades for courses in progress are due by **Dec. 31**.

For the **Fall semester**, please submit all verifying documents and official transcripts in packet form by April 15th; all final grades for courses in progress are due by **June 5**.

****Applications will not be considered without official, unopened transcripts from all colleges/universities attended to date (including SDSU's if you are a current student)****

Once your packet is completed, send it to the School of Nursing requesting delivery confirmation from any delivery agency, USPS or Federal Express etc. If delivering it in person, bring a detailed listing of packet contents to be signed for by the office staff. An application will not be considered for admission unless the School of Nursing receives **all**

materials by the prescribed deadlines. If further information is needed regarding admission procedures, please contact the School of Nursing Office at (619) 594-2540.

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, please visit their web site 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:

Note: It is the student's responsibility to periodically check the nursing web site for current information and updates on deadlines, requirements, etc. (<http://nursing.sdsu.edu>).

- a. Complete and submit an application to the **School of Nursing** prior to above deadlines. Information, as well as an application can be obtained by accessing our website, <http://nursing.sdsu.edu>.
- b. **ADDITIONALLY:** Students not currently enrolled as a continuing student at SDSU, must complete and submit an application to San Diego State University. Applications are available electronically at www.csumentor.edu.
- c. Send a set of official transcripts from ALL colleges/universities attended to the **School of Nursing** (including SDSU's if you are a current student), Attention: Admissions Coordinator.
- d. Send an ADDITIONAL set of official transcripts from all colleges/universities attended to the University's Admission Office.
- e. Transfer information on prerequisite course work, not completed at SDSU or at local community colleges, can be obtained at www.sdsu.edu/tap. Classes not verified or those in question must be evaluated by the Student Services Advisor.
- f. Complete all prerequisite course work as specified prior to final deadlines.
- g. All supporting documents –all letters of verification from organizations, documentation of 60 hours of health care experience, etc., must be received by the School of Nursing before April 15th for Fall applications and Oct 1st for Spring applications.
- h. Complete TEAS testing and submit official scores.

Because of keen competition for admission, applicants will be ranked and evaluated on the basis of a point system. A maximum of 77 points can be earned and each applicant's total earned points will determine ranking. If a student is not admitted into the school of nursing, he/she may "rollover" their application for the next semester by filling out a "rollover" application form. This form must be received by the School of Nursing by the nursing school's application date for that particular semester.

III. List the prerequisite courses you are completing this semester or quarter.

Course Number	Course Title	Where Enrolled
1.		
2.		
3.		
4.		

IV. Have you ever been in the military? _____
If yes, did you serve in a health care capacity? (describe) _____

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

Signature

Date

STATISTICAL INFORMATION

The School of Nursing is routinely requested to provide profile information about students who are accepted and/or apply to the program. This information is not considered as part of the application nor will it 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 (if applicable) _____

Current Address _____

_____ Phone Number _____

Permanent Address _____

_____ Phone Number _____

Birth date _____ Marital Status _____ No. of Children _____

Name of Spouse _____ His/Her Occupation _____

Previous Health Care Experience: _____

Positions of Employment in the last five years: _____

Ethnic Background:

___ American Indian	___ Asian	___ White
___ African-American	___ SE Asian	___ Other/Not Stated
___ Mexican-American	___ Pacific Islander	___ International
___ Other Hispanic	___ Filipino	

Financial Assistance Needed: Yes _____ No _____

College/University currently enrolled: _____

Signature

Date