I. General Information

Fall 2016 Admission
Pre-Nursing students applying for Fall 2016 admission must have completed all 8 prerequisite courses by the end of Fall 2015 semester. Please review the application instructions in its entirety and note the deadlines in the subsequent pages of this document. There is only ONE application cycle for the Fall 2016-2017 academic year and it will be the final application cycle for the two-step admission process. The School of Nursing will admit students for the Fall 2016 semester only. Students will not be admitted in Spring 2017.

The application cycle will open on Monday, January 4th, 2016 and conclude on Monday, February 1st, 2016. Applications including TEAS score, grades, and verification of certified work experience will not be accepted if submitted after February 1st. An application that is incomplete or submitted after the deadline will not be processed or considered for admission.

For up-to-date information regarding prerequisite courses, grade requirements, and impaction criteria for the Bachelor of Science with a Major in Nursing Program, consult the School of Nursing Admissions website at http://nursing.sdsu.edu/programs/bs-in-nursing/admissions/continuing-students/. The School of Nursing will evaluate all applicants based on an 80-Point System that can be accessed at http://nursing.sdsu.edu/wp-content/uploads/2014/01/bs-admission-criteria-Sept14.pdf.

Applications may be hand-delivered to the School of Nursing in Adams Humanities Room 3138, Monday through Friday, between the hours of 8am – 4:30pm, excluding campus Holidays. The School of Nursing encourages all applicants to write a receipt of all materials that are submitted to the Nursing office and have the Front Desk receptionist sign the receipt. Retain the receipt for your records.

The application may also be mailed via USPS, FedEx or UPS. It is recommended to request a return receipt or delivery confirmation from the mailing agency. Please address completed Nursing Applications to:

SCHOOL OF NURSING – MC 4158
SAN DIEGO STATE UNIVERSITY
5500 CAMPANILE DRIVE
SAN DIEGO, CA 92182-4158
Attn: Admissions Coordinator
IMPORTANT: If you choose to mail the Application, the School of Nursing cannot be responsible for the delivery mode you have chosen and, unfortunately, due to limited staffing we are unable to field calls on whether your application has arrived.

A complete application must include:
- Printout of your Degree Evaluation Report. The Degree Evaluation Report can be accessed on your Web Portal account. Fall 2015 grades must be posted on the printout.
- TEAS test results. Scores may be printed from the ATI web site. No electronic/faxed copies will be accepted. An official TEAS transcript is not required.
- Healthcare Experience Verification Letter – Applicants with certified health care work experience must include a verification letter in order to receive points on the Nursing Application. The letter must be written on official agency letterhead and include the total number paid hours. A photocopy of license or certificate of training must be included in the packet. Please note certified health care work experience is not required for admission.

IMPORTANT: Applicants will not be considered for admission for Fall 2016 unless all application materials are received by the February 1, 2016 deadline.

Additional pertinent information

All qualified applicants will be ranked and evaluated on the basis of a point system as outlined on the School of Nursing’s Admission Criteria for Fall 2016. Meeting the minimum eligibility criteria does not guarantee admission. The number of students admitted will be dependent on the number of seats available in Fall 2016. This is the final application cycle for the two-step admission process.
Applying for the Following Term:  

FALL 2016  

Name  

Please Print:  

(Last)  

(First)  

(Middle)  

(Maiden)

Red ID ___________________  

Email ________________________  

Permanent Address ________________________________  

City ___________________  

State _______________  

Zip ________  

Phone ___________________  

Mobile Phone __________________  

Indicate Emergency Contact Information Below:  

Name ___________________  

Phone ___________________  

Address ____________________________  

City ___________________  

State _______________  

Zip ________  

*Any change to the above information must be sent to the School of Nursing

I. List in chronological order all colleges and universities you have attended, beginning with the most recent. Give locations of each institution, the dates of your attendance, and the date of your graduation (if applicable):  

<table>
<thead>
<tr>
<th>Institution/Location</th>
<th>Dates of Attendance</th>
<th>Degree/Date Received</th>
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II. List all **Nursing** prerequisite courses you repeated for an improved grade:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Institution Where Course Was Taken</th>
<th>Projected Completion Semester(s)</th>
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<tbody>
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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___________________________________________________________________

College/University currently enrolled:_____________________________________________________

Ethnic Background:

<table>
<thead>
<tr>
<th>American Indian</th>
<th>SE Asian</th>
<th>White</th>
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<tbody>
<tr>
<td>African-American</td>
<td>Asian</td>
<td>International</td>
</tr>
<tr>
<td>Mexican-American</td>
<td>Filipino</td>
<td>Decline to state</td>
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<tr>
<td>Other Hispanic</td>
<td>Pacific Islander</td>
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</tbody>
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Rev. 12/15