I. General Information

Effective Fall 2013, transfer students and second bachelor degree students are eligible for Fall admission consideration only. Prospective transfer students must complete all 8 School of Nursing prerequisite courses by the end of the Fall 2014 academic semester in order to be eligible for Fall 2015 admission consideration. Prerequisite courses may not be in progress during Spring 2015.

For up-to-date information regarding prerequisite courses, grade requirements, impaction criteria, and frequently asked questions for the Bachelor of Science with a Major in Nursing program, consult the School of Nursing Admissions website for Transfer Students at http://nursing.sdsu.edu/programs/bs-in-nursing/admissions/transfer-students/ The School of Nursing will evaluate 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.

Students who are eligible to apply for admission consideration are requested to carefully read the instructions for the Undergraduate Application for Admission, the admission procedures, and admission criteria described on the School of Nursing website. There is only ONE application cycle for the academic year. An application that is incomplete or submitted after the deadline will not be processed or considered for admission.

Transfer students are required to submit an application for admission to San Diego State University via CSU Mentor (www.csumentor.edu) and the School of Nursing’s Undergraduate Application for Admission between October 1st through November 30th, 2014. Additional documents (“Nursing Packet”) will be submitted at a later date as highlighted below.

Applications may be hand-delivered to the School of Nursing in Adams Humanities 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 School of Nursing 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.

Nursing Packets for Fall 2015 are due to the School of Nursing by **January 30, 2015**.

*The School of Nursing will no longer be requiring applicants to submit official transcripts in the Nursing Packet.*

Send your official transcripts from all colleges and universities attended to the SDSU Office of Admissions by January, 30th, 2015. Be sure to check your Web Portal account to keep abreast of important dates and deadlines for other important documents required by the Office of Admissions.

A complete Nursing Packet must include:

- TEAS test results. Scores may be printed from the ATI website. **No electronic/faxed copies will be accepted.**

- Health Care 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.

- If delivering the Nursing Packet in person, you may bring a detailed listing of the packet contents to be **verified and signed** by the Front Desk receptionist. Please keep this receipt for your records.

- If sending by mail, please request delivery confirmation or return receipt from the mailing agency used (USPS, UPS, FedEx, etc.). Unfortunately, due to limited staffing we are unable to field calls on whether your packet has arrived.

**IMPORTANT:** Applicants will not be considered for unless all materials required in the Packet are received by the January 30th, 2015 deadline.
**Final Grades** for the FALL 2014 semester **MUST** be included on an official transcript that you submit to the Office of Admissions.

II. **Admission to the University**

Admission into the School of Nursing is contingent upon admission into the University. For more information on applying to San Diego State University (SDSU), please visit Office of Admissions website for Transfer Students at http://arweb.sdsu.edu/es/admissions/transfers/index.html or www.csumentor.edu.

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

**ADMISSION CHECKLIST:**
(Check off items as completed)

A. **School of Nursing Undergraduate Application for Admission** – Due between October 1st through November 30th, 2014.
   1. _____ Complete and submit an Undergraduate Application for Admission to the School of Nursing between October 1st to November 30th, 2014.
   2. _____ Transfer students and second bachelor degree students **MUST** complete and submit an application to San Diego State University (SDSU) during between October 1st through November 30th, 2014. Applications are available electronically at www.csumentor.edu.

B. **Nursing Packet** – Due January 30th, 2015.
   1. _____ Printed copy of official **TEAS Test** results. If you took the test more than once, please submit your highest score only.
   2. _____ Verification letter(s) on official letterhead from agencies documenting your certified **Health Care** experience (if applicable).

IV. **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 the 2015/2016 school year.

If an applicant is not admitted to the School of Nursing, he/she must reapply during the application cycle for the following year and send in all new documentation – no paperwork will be retained by the School of Nursing and rolled over to the next application cycle.
SAN DIEGO STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF NURSING
UNDERGRADUATE APPLICATION FOR ADMISSION
TRANSFER STUDENTS
Fall 2015

Applying for: Date received by SON
FALL 2015

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 school where you are currently enrolled. 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>
</tr>
</thead>
<tbody>
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</tbody>
</table>
II. List all **Nursing** prerequisite courses you are in the process of completing or still need to complete:

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

III. Will you possess a Bachelor’s degree by the end of Spring 2015? ___________ (Yes/No)

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

Rev. 09/14