I. General Information

The LVN-RN 30-Unit Option is designed as a career ladder for California Licensed Vocational Nurses who desire to become registered nurses. Upon completion of this program, an Associate’s degree in Nursing and/or Bachelor’s of Science in Nursing degree is not granted. Completion of the 30-Unit Option only allows students to become eligible to take the NCLEX for California RN licensure.

Per the California Board of Registered Nursing (BRN) website, most other states do not recognize California’s LVN-RN 30 Unit Option and will not issue RN licenses to these LVNs. It is highly recommended for LVNs to consider enrolling in an ADN or BSN program in order to obtain a degree and to have the flexibility to obtain an RN license in other states. Most ADN programs will give LVNs credit for coursework completed in an LVN program.

Students in the LVN-RN 30 Unit Option are not matriculated San Diego State University students and may enroll in required coursework on a Space Available basis through Open University with the SDSU College of Extended Studies. Therefore, students wishing to pursue the 30 Unit Option do not have to apply to SDSU. Given the impacted nature of the Nursing major, it may not be possible for students in the 30 Unit Option to register for the appropriate courses for consecutive semesters. Nursing coursework is reserved primarily for matriculated SDSU students in the Bachelor of Science in Nursing program.

II. Requirements for the Space Available List

The 30-Unit Option has no relation to degree requirements and degree completion however due to the impaction of the School of Nursing, specific prerequisites must be met prior to being considered for space availability into each course. Students must receive grades of B- or better in Microbiology and Human Physiology to be considered for the Space Available list.

- BIOL 211/211L – Fundamentals of Microbiology with Lab (4 semester units)
- BIOL 261 – Human Physiology with Lab (4 semester units)
III. Application Instructions:

Submit the following materials to the School of Nursing in one packet:

ADMISSION CHECKLIST:
(Check off items as completed)

A. School of Nursing LVN-RN 30 Unit Option Application

B. Official (Sealed) Transcripts Verifying Completion of Microbiology and Physiology
   (or any 30-Unit Option courses completed or in progress)

C. Copy of California LVN License

D. Copy of CPR Certification
   (Must be American Heart Association BLS Provider, no other CPR certification will be accepted)

E. Two Letters of Reference from Current or Previous Employer

F. Resume or Curriculum Vitae

Application materials may be hand-delivered to Adams Humanities 3138, Monday through Friday, between the hours of 8am – 4:30pm, unless it’s a campus Holiday. Write a receipt of all materials you are submitting, or use the Admission Checklist above, and have the Front Desk receptionist sign the receipt. Keep the receipt for your records.

--- OR ---

Send the completed LVN-RN 30-Unit Option packet via USPS, FedEx or UPS with return receipt requested from the mailing agency, to the following address:

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

IV. Additional Information

Students meeting the minimum requirements for the LVN-RN 30-Unit Option will be contacted by the School of Nursing Student Services Advisor for further instruction on the enrollment process through Open University with the SDSU College of Extended Studies. The Students Services Advisor will provide students with a plan of study for program completion. Applicants of the 30-Unit Option should be aware of the School of Nursing’s Space Available Policy, as explained on the School of Nursing website http://nursing.sdsu.edu/current-space-available.php.

If space permits and students are granted enrollment in nursing coursework, he/she must meet the School of Nursing compliance requirements as described on the following website http://nursing.sdsu.edu/current-compliance.php.
Applying for the Following Term: Date received by SON

<table>
<thead>
<tr>
<th>Spring 2017</th>
<th>Fall 2017</th>
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Name ________________________________________________

Please Print: (Last) (First) (Middle) (Maiden)

Email (Print) ______________________________________

Permanent Address ______________________________________

City __________________________ State __________ Zip __________

Phone __________________________ Cell Phone __________________________

Indicate Emergency Contact Information Below:

Name __________________________ Phone __________________________

Address ________________________________________________

City __________________________ State __________ Zip __________

*Any change to the above information must be sent immediately 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 (if applicable). 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. Please list where you have completed or anticipate completing Microbiology and Human Physiology. You may also list other coursework you have taken to satisfy the 30-Unit Option requirements:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Institution</th>
<th>Term Completed/ Term of Anticipated Completion (if applicable)</th>
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I verify that to the best of my knowledge, all information given in this application is true and complete. I have read the LVN-RN 30 Unit Option Application Instructions, SDSU School of Nursing Space Available Policy, and Open University registration policy and understand the terms for enrollment and progression.

_____________________________________________ ________________
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:

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<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>
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<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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Rev. 10/16 - JR