

RN-Bachelor's Science in Nursing (RN-BSN) Program Application

Deadline: Postmark on or before February 28, 2016

Instructions:

1. Application to the nursing program requires completion of 2 separate applications. One to the University (online: CSUMentor.edu) and the second to the Department of Nursing. Admission to the Nursing program is contingent on receiving an acceptance letter from the Department of Nursing:

1st Application: California State University Northridge online application is available October 1 to November 30. Admission requirements to the university include:

- Minimum of 60 transferable units, Maximum of 70. Complete at least 60 transferable semester units with a minimum 2.0 GPA, including the four basic subjects (**written communications, critical thinking, speech and college-level math**)
- Be in good standing at the last college or university you attended

2nd Application: The Department of Nursing application must be postmarked no later than February 28, 2016.

- Associate Degree in Nursing, or its equivalent, from a regionally accredited program.
- Current licensure as a Registered Nurse in California.
- Completion of lower division course in each of the following: anatomy, physiology, chemistry and microbiology, each with lab. A minimum grade of C must be attained in each course.

2. Please make sure that all items on the checklist are delivered in a single packet to avoid delays in processing your application.

Mail your application on or before February 28, 2016 to:

Attention: RN-BSN Program
Department of Nursing, Jacaranda Hall 2210
California State University, Northridge
18111 Nordhoff Street.
Northridge, CA 91330-8285

3. Late and incomplete applications will **not be accepted**. Use the list below to ensure all documents are included and submitted.

Checklist Form

	Checklist form (this form)
	Personal information (included)
	Completed prerequisites checklist (included)
	Copy of Nurse License
	Resume / CV
	Personal Statement (1-2 pages)
	Three (3) letters of recommendation using official recommendation form (included)
	OFFICIAL transcripts verifying completion of ADN or Baccalaureate Degree.
	<p>International Student: Completion of the four basic subject requirements: written communications, critical thinking, speech and college-level math</p> <p>Equivalent to a U.S. GPA of 2.0</p> <p>Original or certified copies of all official records, including certificates, degrees or diplomas in the original language of issue</p> <p>Official English translations of all academic records, including certificates, degrees or diplomas</p>

Personal Information

Name: (Last/First/Intl)							
Address:							
Phone:	<i>Home</i>				<i>Cell:</i>		
E-mail:							
Emergency Contact:							
Phone #:							

Educational Background

(List all institutions since high school)

School Name	Dates Attended	Diploma/Degree	Date Awarded

Have you previously applied to the CSUN Nursing program? _____ No _____ Yes

If yes, when _____

Military Information

Have you ever been on active duty in the U.S. military service?		No		Yes
If Yes, please indicate whether you are currently an active duty member or a veteran of the U.S. armed forces.		Active Member		Veteran
If you select "Yes", submit a copy of your DD214 or DD295 with this application.				

Experiential Background

(begin with most recent)

Organization	Position/Title	Specialty/Duties	Dates of Employment	Reason for Leaving

Prerequisite Checklist

Applicant Name: _____

Course	Grade	Units Q=Quarters S= Semester	Date Completed (Or "IP" if in progress)	Course #	Educational Institution
Microbiology BIOL 215/L (CSUN)					
Microbiology Lab					
Human Anat. BIO 211/212 (CSUN)					
Human Anat. Lab					
Human Physiol. BIOL 281/282 (CSUN)					
Hum. Phys.Lab					
Gen.Chem.1 CHEM 103/103L (CSUN)					
Gen.Chem.1 Lab					
Statistics					
Critical Thinking					
Oral Communication					
Written Communication					

For any courses in progress, please submit final transcripts once grades have been posted.

The deadline to submit final transcripts is February 28, 2016.

ABSN Applicant Recommendation Form

This section must be completed before sending to recommender.

WAIVER OF ACCESS TO CONFIDENTIAL REFERENCES

In accordance with Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that at my option, I may waive the right to review this letter of recommendation. (Please check your choice below.)

I waive my right to inspect this letter.

I do NOT waive my right to inspect this letter.

Print Name

Signature

Date

If you do not check one of the above actions or do not authorize this waiver by signature, then the program will assume you have not waived access.

Letter of Recommendation Form

Student Name

Name _____

Date _____

How well do you know the candidate: Very well fairly well slightly

How long have you known the applicant? _____

Relationship to applicant: Advisor Professor Employer Supervisor Other, _____

Please refer to the following table and indicate your impression of this applicant regarding the following factors:

Applicant Characteristics	Out- standing	Very Good	Good	Average	Poor	Unable to Judge
Critical Thinking: effective problem-solving & decision-making taking into account available information						
Communication: Oral expression						
Communication: Written expression						
Interpersonal Relations: ability to get along with others, rapport, cooperation						
Integrity: ethical standards, honesty, trustworthiness						
Advocacy: Represents the needs of others effectively						
Lifelong learner: Seeks personal learning opportunities						
Respect for others: Collaborates, respects values & beliefs of others, & culturally sensitive						
Competence: Quality of work is consistently accurate, thorough & timely.						
Motivation: genuineness and depth of commitment.						
Maturity: personal development, accepts constructive criticism and demonstrates good judgment						
Perseverance: commitment to finishing difficult tasks						
Empathy: sensitivity to needs of others						
Resourcefulness: demonstrates skillful management of available resources.						
Creativity: demonstrates originality						
Ability to organize work: Reliable and prompt						
Collaboration: Exhibits teamwork and works well with peers and upper management.						
Self-Confidence: assuredness, capacity to achieve with awareness of own strengths and weaknesses						

**Questions may be addressed on a separate sheet.*

1. Are there any circumstances, which you think might affect this candidate's ability to complete an academically rigorous nursing program? Yes No If Yes, please explain:

2. Considering this candidate's interests, work habits, personality, and career goals. Does this person display the moral and ethical attributes necessary to be a health care professional? Yes No
Additional Comments:

3. Please discuss the characteristics of the applicant that you feel will make him/her a competitive candidate for our professional program.

- This applicant receives my highest recommendation
- I recommend this applicant with confidence.
- I recommend this applicant.
- I recommend this applicant with some reservations.
- I would not recommend this candidate for admission.

Recommender:

Name:

First

Last

Address:

Phone: *Work:*

Cell:

E-mail:

Signature:

RETURN THIS FORM IN A SEALED ENVELOPE TO APPLICANT.

THANK YOU.