



Department of Nursing Supplemental Application

## **POST-LICENSURE BSN PROGRAM APPLICATION for FALL 2012**

***\* Please note: This program starts once a year in the Fall only***

### ***Admission to the Post-Licensure BSN Program requires:***

1. Current California RN licensure (or anticipated graduation from an ADN program PRIOR to the Fall semester of admission to the SSU Post-Licensure BSN program)
2. Minimum of 3 semester units of college-transferable credit in integrated, general, organic, or biochemistry chemistry with a grade C or better (any college level chemistry taken as a prerequisite to the ADN program is acceptable for the BSN).
3. Human anatomy and physiology within the past 10 years or clinical nursing experience within the past two years.
4. Admission to SSU.
5. Overall college GPA of 3.0 (petition to be considered with a 2.5 to 3.0 GPA may be submitted, however, due to increased enrollments in the program, space may not be available).
6. Completion of all of CSU GE Areas A and B (can be pending upon application). This includes Critical Thinking (GE Area A3) and Statistics (GE Area B4). A petition to be considered for admission with either of these courses outstanding may be submitted, however, due to increased enrollments in this program, space may not be available.

### ***To Apply:***

1. Submit a CSU Undergraduate Application to SONOMA STATE UNIVERSITY by applying on-line at [http://www.csumentor.edu/admissionapp/undergrad\\_apply.asp](http://www.csumentor.edu/admissionapp/undergrad_apply.asp) **by November 30th, 2011**.
2. Submit this Nursing Supplemental Application with a \$25.00 non-refundable application fee to Sonoma State University, Department of Nursing, 1801 E. Cotati Ave., Rohnert Park, CA 94928. The Nursing Department application deadline for the Post-Licensure BSN program is **January 31, 2012** for Fall Semester 2012. Any changes to deadlines for submission will be posted on the Post-Licensure BSN website.

**Fall 2012 NURSING application deadline is  
Tuesday, January 31, 2012**

This is a postmark deadline. Late or incomplete applications will not be considered.

Please keep this page for your reference

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**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)  
 E-Mail: \_\_\_\_\_  
*(Note: all correspondence, including nursing admission decision, will be sent to this e-mail)*  
 Permanent Address (if different): \_\_\_\_\_  
 \_\_\_\_\_

**LICENSURE**

California RN License # \_\_\_\_\_ Expires: \_\_\_\_\_

**\*\*ATTACH A PHOTOCOPY OF YOUR CALIFORNIA RN LICENSE TO THIS APPLICATION\*\***

I certify that my license is current and clear: \_\_\_\_\_  
*Signature* *Date*

**OR**

I expect to receive my RN license by: \_\_\_\_\_  
*Date*

**Colleges and Universities Attended\***

Institution Name	City, ST	Dates Attended	No. of units completed	Degree or Diploma	Date Completed

**\* You must enter this information or your application will NOT be considered!**

**\*\*\*\*Submit all official college transcripts ONLY with your Sonoma State University application as directed in that application process. Do not send official or unofficial transcripts directly to the Nursing Department\*\*\*\***

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**SSU GE Areas A and B Requirements for Admission**

*Please record the course information requested below (DO NOT state "refer to transcripts")*

	<b>Course Name &amp; No.</b>	<b>College/University</b>	<b>Term/Year</b>	<b>Grade</b>
<b>English Composition</b>				
<b>Speech</b>				
<b>Critical Thinking</b>				
<b>Chemistry</b>				
<b>Anatomy</b>				
<b>Physiology</b>				
<b>Microbiology</b>				
<b>Statistics</b>				

**WORK EXPERIENCE**

<b>Employer</b>	<b>City, ST</b>	<b>Date(s)</b>	<b>Clinical hours per week</b>	<b>Position Title or Type of work</b>

**CERTIFICATION**

To be read and signed by all applicants to certify the accuracy of the information provided

I certify under penalty of perjury, or after first being duly sworn, that I have provided complete and accurate responses to the items on this application. I further certify (swear) all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with my application to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission.

**Applicant's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Mail completed application and \$25.00 processing fee by January 31, 2012 to:**

**Sonoma State University  
Department of Nursing  
1801 E. Cotati Ave.  
Rohnert Park, CA 94928-3609**

Checklist:

Current CA RN License Copy attached \_\_\_\_\_  
\$25 Processing Fee Included \_\_\_\_\_  
Application submitted to University \_\_\_\_\_  
Transcripts sent to University \_\_\_\_\_

*SSU will inform you of university admission decision by email.  
The Department of Nursing will notify you of BSN program admission by e-mail.*

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To help us in responding to our accrediting agencies, please answer the following questions and submit with your application to the Department of Nursing. This page will be removed from your application upon receipt by the Nursing Department and this will not be available to the Nursing Admissions Committee.

Gender:         Male                       Female

Birthdate:    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ethnicity:  
 White     Black     Asian                       Hispanic  
 American Indian                       Filipino                       Hawaiian

Other: \_\_\_\_\_ (please list)

Citizenship:     U.S. Citizen or Resident Alien     Foreign Student Visa