



Department of Nursing

SUPPLEMENTAL APPLICATION
for
MSN PATHWAYS PROGRAM

FALL 2008

The Pathways Program was created to allow R.N.s with Bachelors degrees in disciplines other than nursing to complete the prerequisites for application to Sonoma State University's Master's programs. It is also possible, upon completion of the Pathways community health curriculum, to qualify, by exception, for the Public Health Certificate from the California Board of Registered Nursing.

The applicant's educational and practice background is individually assessed to determine which foundation skills and knowledge have already been met and which courses need to be taken to meet the foundation requirements for the chosen Master's option (Family Nurse Practitioner or Leadership & Management with concentration in Administration, Education or Clinical Nurse Leader). The program generally consists of 3 to 4 courses which can be completed in one year.

Before applying to the Pathways program, you must meet the following minimum criteria:

1. Admission to Sonoma State University*
2. R.N., licensed in California
3. BA or BS degree
4. Overall Grade Point Average of 3.0 in last two years (60 units) of college-level coursework

*Application must be made to the University through the Office of Admission & Records on a standard California State University Graduate & Post-Baccalaureate Admission application form. Apply on-line at <http://www.csummentor.edu/AdmissionApp/>

Deadline to apply is March 31, 2008

A complete application (materials enclosed) consists of:

1. Application form
2. 2 Recommendations (submit with application in sealed envelopes)
3. Essay of goals
4. Copy of RN license
5. \$25.00 non-refundable application fee, made payable to SSU

Application fees are non-refundable
Only complete applications will be considered

SONOMA STATE UNIVERSITY
SUPPLEMENTAL APPLICATION
FOR NURSING PATHWAYS PROGRAM

FALL 2008

I am applying to prepare for:

_____ MSN Family Nurse Practitioner

_____ MSN Leadership & Management

_____ Administration

_____ Education

_____ Clinical Nurse Leader

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____ (home) _____ (cell)

e-Mail: _____

(Note: all correspondence, including admission decision, will be sent to this e-mail)

Permanent Address (if different): _____

Permanent Phone (if different): _____

California RN License # _____ Expires: _____

(attach a copy of your license)

I certify that my license is current and clear: _____

signature

Indicate your estimated GPA in the last 60 units of college level coursework: _____

(note: you need to submit two official transcripts to Admissions & Records for your University application)

EDUCATION (begin with Bachelor's degree or Nursing education, whichever came first)

ATTACH UNOFFICIAL TRANSCRIPTS

Institution	Location	Dates	Degree/Diploma/Certif
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT

Dates	Job Title/Duties	Employer	#hrs/wk

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 _____

Mail completed application and \$25.00 processing fee to: Sonoma State University
Department of Nursing, Nichols 256
1801 E. Cotati Ave.
Rohnert Park, CA 94928

A COMPLETE APPLICATION CONSISTS OF:

1. Application
2. Essay (criteria available at <http://www.sonoma.edu/nursing/applicforms/applicdefault.htm>)
3. Copy of RN license
4. Two References (form available at <http://www.sonoma.edu/nursing/applicforms/applicdefault.htm>. Submit in sealed envelopes)
5. \$25.00 non-refundable application fee, made payable to SSU
6. Application to the University
7. One set of unofficial transcripts with this application; Two sets of official transcripts sent to Admissions & Records for the University application

This page will be removed prior to review by the Admissions Committee. This information will not be considered in the application process.

Gender: Male Female

Birthdate: _____ / _____ / _____

Ethnicity:

White Black Asian Hispanic American Indian

Filipino Hawaiian

Other: _____ (please list)

Citizenship: U.S. Citizen or Resident Alien on Foreign Student visa

Your name: _____