



Department of Nursing

**SUPPLEMENTAL APPLICATION  
for  
PRE-LICENSURE BACCALAUREATE PROGRAM**

*Fall 2007*

**Before applying to the Pre-Licensure BSN program, be sure you meet the following minimum criteria:**

1. Admission to Sonoma State University\*
2. Completion of the following prerequisites:\*\*
  - a) English Composition
  - b) Speech
  - c) Critical Thinking
  - d) Statistics
  - e) Chemistry (course(s) must include general, inorganic, organic & biochemistry)
  - f) Anatomy
  - g) Physiology
  - h) Microbiology
3. GPA average of at least 3.0 in prerequisite sciences (e.-h. above)
4. Overall Grade Point Average of 3.0 in college-level coursework
5. 50 hours or more of health care experience (direct client care, paid or volunteer)
6. Completion of Test of Essential Academic Skills (TEAS).  
*(The test at SSU will be given Feb. 3 and you must register by January 11 – form enclosed).*

\*If you are not currently a student at Sonoma State University, application must also be made to the University through the Office of Admission & Records (apply on-line at <http://www.csumentor.edu/AdmissionApp/> or to request an application be mailed to you fill out the form at <http://www.sonoma.edu/ar/admissions/inquiry.shtml>). Applications are also available at your local high school or community college. **Application deadline for California State University undergraduate applications is January 31.**

\*\* If you have not completed one or more of these prerequisites but anticipate completion prior to Fall 2007, you are allowed to apply and your application will be considered. Verification of meeting the criteria will be required before you can begin the program.

***Deadline for submission of this supplemental application is February 28.***

***A complete application (materials enclosed) consists of:***

1. Personal Information Form
2. Essay
3. Test scores from TEAS
4. Evidence of 50+ hours of health care experience
5. Two recommendations (submit with application in sealed envelopes – *do not include more than two!*)
6. Unofficial Transcripts
7. \$25.00 non-refundable application fee, made payable to SSU

***Only complete applications will be accepted.  
Incomplete applications will not be considered.***

**SUPPLEMENTAL APPLICATION**  
**SSU PRE-LICENSURE BACCALAUREATE IN NURSING PROGRAM**

**SUBMIT THE FOLLOWING BY FEBRUARY 28:**

- Personal Information Form (below)
- Essay (criteria below)
- TEAS scores
- Evidence of 50+ hours of health care experience (form attached)
- Two recommendations (forms attached)
- Unofficial Transcripts
- \$25.00 non-refundable application fee, made payable to SSU

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-Mail Address: \_\_\_\_\_

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

Permanent Address (if different): \_\_\_\_\_

Permanent Phone (if different): \_\_\_\_\_

\_\_\_\_\_ I am currently a student at SSU      \_\_\_\_\_ I have applied to SSU for next fall

**Submit your unofficial transcripts along with this application**

**PRE-REQUISITE COURSES**

Indicate where and when you completed the following courses.

If you are currently taking any of these courses and you will have a grade for it prior to February 28<sup>th</sup>, it is preferred that you wait until your grade has been posted before you apply.

Course #	Where	When	Grade
Chemistry	_____	_____	_____
Anatomy	_____	_____	_____
Physiology	_____	_____	_____
Microbiology	_____	_____	_____
English Composition	_____	_____	_____
Speech	_____	_____	_____
Critical Thinking	_____	_____	_____
Statistics	_____	_____	_____

## ESSAY

Submit no more than one double-spaced typewritten (no smaller than 10 font!) page per question:

1. Summarize your understanding of the nurse's role in health care today
2. Briefly describe why you want to be a baccalaureate prepared nurse
3. List and briefly explain special skills, experiences, and attributes you have that you believe the nursing admission committee should consider (include here items such as relevant certification, life experience, international experience, foreign language proficiency, community service and/or leadership experience)

### 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

### Admission will be determined on the following:

CRITERIA	TOTAL POSSIBLE
Science GPA	25
Overall GPA	25
Essay	25
Test of Essential Academic Skills (TEAS)	25
Health Care Experience	Checked if met; up to 5 pts deducted for incomplete experience or experience not related to nursing
References	Checked if met; up to 5 pts deducted for negative references
<b>GRAND TOTAL POSSIBLE</b>	<b>100</b>

Note: If any item is missing, your application will be considered incomplete and will not be reviewed by the Admission Committee. All items must be in by February 28<sup>th</sup>.

Decisions will be e-mailed in the last week of March.

If you hold a Bachelor's degree already, you may also be interested in applying to our Direct Entry Master's program. Information is available on our website, [www.sonoma.edu/nursing](http://www.sonoma.edu/nursing). The admission processes are completely separate. You will be notified of Pre-Licensure admission by March 30, 2007. DEMSN applications will be due April 30, 2007 and decisions made by July 9, 2007.

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 Non-Hispanic

Black Non-Hispanic

Asian

Hispanic

American Indian or Alaskan Native

Filipino

Hawaiian

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

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

Your name: \_\_\_\_\_



Department of Nursing  
FALL 2007  
Test of Essential Academic Skills (TEAS)

Sonoma State University Nursing Department will offer this exam in written format on one date only:

Saturday, February 3  
9:00 a.m. – 1:00 p.m. (doors open at 8:30)  
Stevenson 1002  
No make-up dates are scheduled.

To make your reservation, complete the registration form below and send it, along with the fee of \$30 (make check payable to SSU), by January 11<sup>th</sup>, to the SSU Nursing Department (address below). Space is limited and seats will be granted on a first come, first served basis.

A study guide is available from the manufacturer of the TEAS, Assessment Technologies, Inc. Go to [www.atitesting.com](http://www.atitesting.com) to order the study guide.

Bring a government-issued photo ID and two No. 2 pencils with you on the day of the test.

Results will be available two weeks after the exam through the ATI website.

If you cannot come to SSU on that date, other CSU campuses are offering the TEAS test. Check with:

Sacramento State University – <http://www.hhs.csus.edu/nrs/teas>  
CSU East Bay (Hayward) – <http://testing.csuhayward.edu/nursteasdates.asp>  
CSU Chico - <http://www.csuchico.edu/nurs/TEAS.pdf>  
San Jose State University – <http://www.sjsu.edu/nursing/exam.htm>

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**REGISTRATION FOR TEAS  
FEBRUARY 3, 2006, 9:00 – 1:00**

**Order must be received by January 11th**

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_  
(a confirmation will be e-mailed to you)

**Mail to SSU Nursing Department with \$30 check made payable to SSU (if you are sending this in at the same time as your application, please write two separate checks).** Registration fee is non-refundable.

TEAS  
SSU Nursing Department  
1801 E. Cotati Ave., Nichols 256  
Rohnert Park, CA 94928

**SONOMA STATE UNIVERSITY**  
**SUPPLEMENTAL APPLICATION**  
**FOR PRE-LICENSURE BACCALAUREATE IN NURSING PROGRAM**

**VERIFICATION OF HEALTH CARE EXPERIENCE**

APPLICANT: \_\_\_\_\_

Applicants to the Pre-Licensure BSN program must have at least 50 hours of contact with clients in a health care setting. Suggested settings include nursing homes, senior day care centers, skilled nursing facilities, hospitals, clinics, physicians' offices, health departments, or other settings in which health care services are provided to clients. The experience may be either paid or volunteer. The Admissions Committee will look for the amount and quality of direct client contact, observation of nurse role, and variety of patients.

Complete the following information and have it verified by your supervisor/contact person at the agency at which you obtained your experience.

Institution: \_\_\_\_\_

City: \_\_\_\_\_

Supervisor/Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) of Experience: \_\_\_\_\_

Number of hours spent in direct client care: \_\_\_\_\_

Type of Experience - (brief description)

\_\_\_\_\_  
Signature, Supervisor/Contact

\_\_\_\_\_  
Date

**RECOMMENDATION FOR PRE-LICENSURE BSN PROGRAM**  
(place in a sealed envelope and return to the applicant for submission)

APPLICANT'S NAME: \_\_\_\_\_

The above applicant is applying to the Baccalaureate Nursing program at Sonoma State University. We would appreciate your assessment of this applicant's suitability for entering the nursing profession.

	Below Average	Average	Above Average	Excellent
Adaptability	1	2	3	4
Motivation	1	2	3	4
Ability to express ideas verbally or in writing	1	2	3	4
Problem solving ability	1	2	3	4
General self-regard	1	2	3	4
Responsibility for own actions	1	2	3	4
Interest in others	1	2	3	4
Leadership skills	1	2	3	4
Goals oriented	1	2	3	4
Sensitivity to others	1	2	3	4

Please comment on this applicant's ability for a nursing program:

Please summarize your recommendation of this applicant:

\_\_\_\_\_ Do not recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Hesitate to recommend

\_\_\_\_\_ Highly Recommend

If you wish this information to be regarded as confidential, please check here \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Capacity in which you have known this applicant

*Thank you for providing us with this information. Return to applicant in sealed envelope.*

## PRE-LICENSURE BACCALAUREATE IN NURSING PROGRAM

**RECOMMENDATION FOR PRE-LICENSURE BSN PROGRAM**(place in a sealed envelope and return to the applicant for submission)

APPLICANT'S NAME: \_\_\_\_\_

The above applicant is applying to the Baccalaureate Nursing program at Sonoma State University. We would appreciate your assessment of this applicant's suitability for entering the nursing profession.

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Please comment on this applicant's ability for a nursing program:

Please summarize your recommendation of this applicant:

\_\_\_\_\_ Do not recommend

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\_\_\_\_\_ Highly Recommend

If you wish this information to be regarded as confidential, please check here \_\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Name\_\_\_\_\_  
Title\_\_\_\_\_  
Phone

Capacity in which you have known this applicant

*Thank you for providing us with this information. Return to applicant in sealed envelope.*