## ST. CLOUD STATE UNIVERSITY A tradition of excellence and opportunity

# BACHELOR OF SCIENCE DEGREE WITH A MAJOR IN NURSING



## TRADITIONAL PROGRAM APPLICATION

Department of Nursing Science Brown Hall Room 213

Bachelor of Science with a major in Nursing Application-Updated February 2020

#### **The Admissions Process**

Applying to the St. Cloud State University (SCSU) Bachelor of Science in Nursing program is a separate process from applying to St. Cloud State University. For information on applying to the university please contact the Office of Admissions at <u>scsu4u@stcloudstate.edu</u>.

Your application is complete only when all materials have been received by the Department of Nursing Science. It is the student's responsibility to be certain all materials are received by the due date. Current application deadlines can be found at

https://www.stcloudstate.edu/programs/nursing/applicati on.aspx.

- Late and incomplete applications are not reviewed.
- Applicants may apply no more than two times to the program without successful admission.

#### **Step 1: Initial Review**

The Admissions Committee will evaluate complete applications to determine which students will qualify to progress through the admissions process. You will receive e-mail notification of either your progression to Step 2 or elimination from the applicant pool.

#### Step 2: Entrance Exam

The entrance exam used by the Department of Nursing Science is the Health Education Systems Incorporated (HESI) Admissions Assessment Exam (A2). Information regarding assessment content and preparation can be found at

https://www.stcloudstate.edu/programs/nursing/applicati on.aspx.

 Test dates are determined by the Department of Nursing. Eligible students will be informed of exam dates/times/sites.

Once all applicants have tested, the Admissions Committee meets to determine progression to Step 3.

#### **Step 3: Final Review of Records**

SCSU and pre-admission GPA, scores from the entrance exam, and references are all part of the committee review. You will receive e-mail notification of either your elimination from the applicant pool or acceptance into the Nursing Science Program.

The top 45 applicants will be offered admission to the nursing major.

#### Eligibility

At the time of application you must meet the following requirements in order to be considered for the nursing program (eligibility does not assure admission):

- Accepted to St. Cloud State University as an undergraduate student.
- Active HuskyNet E-mail by the application date.
- "C" or better in all preadmission courses.
- Students may only be enrolled in BIO 206 at time of application.
- A minimum cumulative SCSU GPA of 2.75 (based on a 4.0 scale).
- A minimum cumulative preadmission coursework GPA of 2.75 (based on a 4.0 scale).
- Minimum TOEFL Score of 500 paper, 173 computer or 61 online required.
- Submit application with unofficial transcripts, nursing degree audit report and two references forme; one academic and one professional by deadline.

#### Access to Application File

St. Cloud State University complies with federal and state privacy laws and regulations. All application materials, once submitted, become property of the Department of Nursing Science at SCSU. You may be able to view parts of your file for advising purposes only. Only nursing faculty and staff have privileges to review application materials. We will not make copies of your application materials for you or others.

#### **Contact Information/Questions**

To make an appointment or speak with the Student Services Coordinator in the Department of Nursing Science, please call 320.308.1749 or visit Brown Hall 213.

#### **E-Mail as Official Communication to Students**

HuskyNet is recognized as an official communication channel for all Students at SCSU. The HuskyNet address will be designated as applicants e-mail contact. Students are expected to receive, read, and act expeditiously upon communication distributed through HuskyNet. All notifications relative to admission/rejection will be via HuskyNet. <u>Students must have an active HuskyNet account</u> by the application deadline. There will be no exceptions.

### **ACADEMIC INFORMATION**

#### **Undergraduate Tuition and Fees**

Our competitive tuition, priced significantly lower than comparable private institutions and public universities, is a key part of your future academic career.

Tuition and Fees are subject to change without notice. Please contact the Office of Scholarships and Financial Aid for complete information:

> Office of Scholarships and Financial Aid 720 Fourth Avenue South, AS 106 St. Cloud, MN 56301 Web: <u>www.stcloudstate.edu/financialaid</u> Phone: 320-308-2047

#### **Differential Tuition**

To maintain the high quality of nursing curriculum established by the Department of Nursing Science at St. Cloud State University, nursing students are subject to differential tuition rates. Admitted students will pay an additional \$25 per credit for Nursing (NURS) courses required as part of the major

#### If Admitted

Additional requirements must be met if you are accepted to the nursing major. The Department of Nursing Science will facilitate the completion of these requirements. We will send more information to students upon admission to the nursing program regarding these requirements which include:

- Current American Heart Association CPR Certification at the Health Care Provider level and ability to stay current through program.
- Successfully pass a Criminal Background Check (Vulnerable Adult Act, Minnesota Statute 144.057)
- Successfully pass a drug and alcohol screen
- Pre-Clinical Participation Health Screening through Student Health Services on the SCSU campus (all immunization history must be provided at the time of the appointment)
- Mandatory Orientation Session

### **STUDENT CHECKLIST**

#### □ Application and Deadline

All materials, including supporting documents, must be received by 4:00pm on the designated due date. E-mailed or faxed applications are not accepted.

Mail application materials to:

St. Cloud State University Department of Nursing Science BH 213 Attn: Admissions Committee 720 Fourth Avenue South St. Cloud, MN 56301

#### □ Complete Application Form

All information provided must be complete and correct to the best of your knowledge. A new application form must be submitted when reapplying. Incomplete and late applications will not be considered.

#### □ Submit Transcripts

It is your responsibility to ensure all academic transcripts are received by the Department of Nursing Science. <u>This includes transcripts from SCSU and all</u> <u>previously attended colleges/universities.</u> Transcripts must be attached and submitted with your application. Transcripts can be <u>official or unofficial</u>. If you received college credits while in High School (PSEO) you will not be required to submit transcripts for these credits. Submitting your transcripts for admission to SCSU is a separate process from submitting your transcripts for admission to the nursing major. The submission of a SCSU DARS Report does not meet the transcript requirement.

#### □ Reference Forms (Two)

References must be submitted directly to the Department of Nursing Science in the format provided. Students may hand deliver references provided it is in a sealed envelope with the signature of the reference across the seal. You must submit at least one reference from an academic source. The second reference can come from a professional source. Academic sources include recent college or university instructors; professional sources include employers or direct supervisors.

#### □ All Students Must Submit a Current Nursing Degree Audit Report (DARS)

All students must submit a *St. Cloud State University* DARS report for NURSING. It is the applicant's responsibility to be sure all preadmission courses are complete or indicated as In Progress. A DARS report can be obtained online from your e-Services account.

#### □ If you are new to St. Cloud State University

If you have never enrolled at St. Cloud State University as an undergraduate student, you must submit an Undergraduate Application for Admission, in addition to this application. The application for undergraduate admission is available from the Office of Admissions. Please visit <u>www.stcloudstate.edu/admissions</u> for more information about the application process and fees.



### BACHELOR OF SCIENCE WITH A MAJOR IN NURSING

## **APPLICATION-TRADITIONAL PROGRAM**

You must complete this form entirely. Submit this form and all materials listed on the student checklist to the Department of Nursing Science. Type or print clearly. All information is required.

			<u> </u>	SU Student ID	
Last	First	MI			
Previous Name(s) if different from	above		Da	ate of Birth	
				(used fo	or identification only)
Phone#1 Phone			Er	nail (SCSU HuskyNe	
#1 Phone	#2 Phone			(SCSU HuskyNe	et <b>REQUIRED</b> )
Address					
Number & Street		(	City	State	Zip
Colleges/Universities Attended: (If	additional spa	ce is needed, pleas	e attach addit	ional sheet in sam	e format)
Name of College/University (Check	-		Major	Degree	Date Awarded
				<u> </u>	
				<u> </u>	
Semester for which you are applyir The following questions are for info	ormation only	and will have no b	earing on you		
The following questions are for info Have you applied for admiss Yes No If you answered yes, do you wish to	ormation only sion to a nursin	and will have no b ng program at SCSU If yes, date(s s on file? Yes_	Dearing on you J before? s) of applicatio	r admission status n No	s:
The following questions are for info Have you applied for admiss Yes No If you answered yes, do you wish to STOP: If you have had TWO unsucc Are you a current Licensed Practica	ormation only sion to a nursin use reference essful applicat	and will have no b ng program at SCSU If yes, date(s s on file? Yes tions to the progra Yes	bearing on you J before? s) of applicatio  m you are no	r admission status n No longer eligible for	s:
The following questions are for info Have you applied for admiss Yes No If you answered yes, do you wish to STOP: If you have had TWO unsucc Are you a current Licensed Practica If so, LPN License Number The following questions will determ	ormation only sion to a nursin use reference essful applicat	and will have no b ng program at SCSU If yes, date(s s on file? Yes tions to the progra Yes	bearing on you J before? s) of applicatio <b>m you are no</b> No	r admission status n No longer eligible for	s:
The following questions are for info         Have you applied for admiss         Yes         No         If you answered yes, do you wish to         STOP: If you have had TWO unsucc         Are you a current Licensed Practica         If so, LPN License Number         The following questions will detern         Language (TOEFL) score.         1.         Are you a United States citi	ormation only sion to a nursin use reference essful applicat I Nurse? nine if applica	and will have no b ng program at SCSU If yes, date(s s on file? Yes tions to the progra Yes nt will be required	bearing on you J before? (5) of application (1) of	r admission status n No longer eligible for Fest of English Lan Yes/No	s: admission. aguage as a Foreign
The following questions are for info         Have you applied for admiss         Yes         No         If you answered yes, do you wish to         STOP: If you have had TWO unsucc         Are you a current Licensed Practica         If so, LPN License Number         The following questions will detern         Language (TOEFL) score.         1.         Are you a United States citi	ormation only sion to a nursin use reference essful applicat I Nurse? nine if applica	and will have no b ng program at SCSU If yes, date(s s on file? Yes tions to the progra Yes	bearing on you J before? (5) of application (1) of	r admission status n No longer eligible for Fest of English Lan Yes/No	s: admission. aguage as a Foreign
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I have attached/included the following:

- □ Academic Record/Unofficial transcripts from ALL institutions attended
- □ St. Cloud State University Intended Nursing Degree Audit Report
- □ References-one academic and one professional-MUST be in separate envelope with referees signature across seal
  - $\circ$   $\;$  List names of references if they will be mailed separately from the referee
    - 1. \_\_\_\_\_
    - 2.\_\_\_\_

I certify that the information provided on this application is complete and correct to the best of my knowledge. Information not submitted with this application will not be considered in the admission process. I understand falsification of my records may be cause for the SCSU Department of Nursing Science to refuse me admission to the program.

Signature\_\_\_\_\_

Date

This document can be provided in alternative formats upon request, please contact the Department of Nursing Science at 320-308-1749.



## BACHELOR OF SCIENCE WITH A MAJOR IN NURSING

## **REFERENCE FORM**

This form must be returned directly to: St. Cloud State University, Department of Nursing Science BH 213, Admissions committee, 720 fourth Avenue South, St. Cloud, MN 56301. References must be submitted directly to the department or by student in a sealed envelope with signature across seal.

To be completed by Student:

Student Applicant Name				Date
	Last	First	MI	

#### To be completed by Reference:

Directions: In completing this form, please rate the applicant in comparison to other students and/or employees you have known.

١.

	Below Average	Average	Above Average	Excellent	Not Observed
Oral communication					
Writing skills					
Acceptance of critique/suggestions					
Initiative and resourcefulness					
Self confidence					
Intellectual ability					
Emotional maturity					
Leadership potential					
Dependability					
Organizational skills					
Caring behaviors					
Professional demeanor					
Integrity and honesty					
Collaboration and teamwork					
Stress management					
Multitasking					

II. Overall impression of individual as a candidate for St. Cloud State University's BSN Program:

Outstanding Candidate \_\_\_\_\_ Strong Candidate \_\_\_\_\_ Average Candidate \_\_\_\_\_ Fair Candidate

Poor Candidate

III. Relationship to applicant Length of time known

Students are required to obtain references from academic or professional sources. Acceptable sources include recent academic instructors at the college/university level, and employers or direct supervisors.

#### IV. **Comments:**

Additional comments are welcome and may be included on a separate sheet.

Signature	Date
Name (print)	Credentials
Address	Phone



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-	-

	Below Average	Average	Above Average	Excellent	Not Observed
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Writing skills					
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Self confidence					
Intellectual ability					
Emotional maturity					
Leadership potential					
Dependability					
Organizational skills					
Caring behaviors					
Professional demeanor					
Integrity and honesty					
Collaboration and teamwork					
Stress management					
Multitasking					

II. Overall impression of individual as a candidate for St. Cloud State University's BSN Program:

Outstanding	Candio

idate \_\_\_\_\_ Strong Candidate \_\_\_\_\_ Average Candidate \_\_\_\_\_ Fair Candidate

Poor Candidate

III. Relationship to applicant

Length of time known

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Signature	Date
Name (print)	Credentials
Address	Phone

#### [Type text]