BACHELOR OF SCIENCE IN NURSING

TRADITIONAL PROGRAM APPLICATION

Department of Nursing Science
Brown Hall Room 213
ABOUT YOUR APPLICATION

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 1-877-654-7278 or at scsu4u@stcloudstate.edu.

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. Late and incomplete applications are not reviewed.

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 via HuskyNet 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). Study guides can be purchased at the Husky Bookstore, online through HESI, and through other booksellers. Test dates are determined by the Department of Nursing and are offered for a limited time during the admissions process. Eligible students will be provided with a schedule 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
Preadmission course grades and GPA, scores from the entrance exam, and references are all part of the committee review. You will receive e-mail notification via HuskyNet of either your elimination from the applicant pool or acceptance into the Nursing Science Program. The top 40 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.
- Completed application forms and all supporting documentation
- These courses must be complete at time of application: BIOL 202, CHEM 141/151 and PSY 240
- Completed a minimum of 30 credits of the required 39 credits of preadmission coursework
- “C” or better in all preadmission courses
- The ability to complete all required preadmission courses before entering the program.
- 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).
- TOEFL Score of 220 or higher, 560 paper.

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. Students must have an active HuskyNet account by the application deadline. There will be no exceptions.

Bachelor of Science in Nursing Application-Updated February 2017
**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: [www.stcloudstate.edu/financialaid](http://www.stcloudstate.edu/financialaid)  
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:

- Completion of all prerequisite courses by the start date of the program.
- Current 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. This includes transcripts from SCSU and all previously attended colleges/universities. Transcripts must be attached and submitted with your application. Transcripts can be official or unofficial. 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 DARS
All students must submit a St. Cloud State University DARS report for INTENDED NURSING. It is the applicant’s responsibility to be sure all preadmission courses are complete or indicated as In Progress. This can be obtained online from your e-Services registration site at SCSU or from the Office of Records and Registration (AS 118, 320.308.2111).

□ 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 www.stcloudstate.edu/admissions for more information about the application process and fees.
BACHELOR OF SCIENCE 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.

Name ___________________________________________ SCSU Student ID ________________

Last First MI

Previous Name(s) if different from above ________________________________ Date of Birth ____________________

(used for identification only)

Phone __________________________________________ Email ______________________________ (SCSU HuskyNet REQUIRED)

#1 Phone #2 Phone

Address ________________________________________________________________________________

Number & Street City State Zip

Colleges/Universities Attended: (If additional space is needed, please attach additional sheet in same format)

Name of College/University (Check box if PSEO) Dates Attended Major Degree Date Awarded

_______________________________________________________________________________________

Semester for which you are applying for admission (Semester/year) ________________________________

The following questions are for information only and will have no bearing on your admission status:

Have you applied for admission to a nursing program at SCSU before?

Yes ________ No ________ If yes, date(s) of application __________________________

If you answered yes, do you wish to use references on file? Yes ________ No ________

The following questions will determine if applicant will be required to provide a Test of English Language as a Foreign Language (TOEFL) score.

1. Are you a United States citizen? Yes/No

If you answered yes to question #1, skip questions 2, no TOEFL score required.

2. Are you a citizen of or immigrant from an English speaking country? Yes/No

If you answered yes to question #2, please list country __________________________, no TOEFL score required.

3. Are you a citizen of or immigrant from a non-English Speaking country? Yes/No

If you answered yes to question #3, please list country __________________________, you must provide TOEFL score.

I certify that the information provided on this application is complete and correct to the best of my knowledge. 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 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:

<table>
<thead>
<tr>
<th>Student Applicant Name</th>
<th>Date</th>
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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.

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

<table>
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<tr>
<th>Outstanding Candidate</th>
<th>Strong Candidate</th>
<th>Average Candidate</th>
<th>Fair Candidate</th>
<th>Poor Candidate</th>
</tr>
</thead>
</table>

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.

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To be completed by Student:

Student Applicant Name _______________________________ Date ____________________

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.

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