

# 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*

# ABOUT THE APPLICATION

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## 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 [scsu4u@stcloudstate.edu](mailto: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. Current application deadlines can be found at

<https://www.stcloudstate.edu/programs/nursing/application.aspx>.

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

## 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.

## 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.

## ☐ Application and Deadline

All materials, including supporting documents, must be received by 4:00pm on the designated due date. E-mailed submissions should be sent to Student Services Coordinator, Rochelle Ament at [rlament@stcloudstate.edu](mailto:rlament@stcloudstate.edu) or mailed to:

## 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 can be **official or unofficial**. 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.

## ☐ 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.

## ☐ Reference Forms (Two)

You must submit at least one reference from an academic source. The second reference needs to come from a professional source. Academic sources include recent college or university instructors; professional sources include employers or direct supervisors.



## 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.

**Name** \_\_\_\_\_  
Last First MI

**SCSU Student ID** \_\_\_\_\_

**Previous Name(s) if different from above** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(used for identification only)

**Phone** \_\_\_\_\_  
#1 Phone #2 Phone

**Email** \_\_\_\_\_  
(SCSU HuskyNet **REQUIRED**)

**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
_____ <input type="checkbox"/>	_____	_____	_____	_____
_____ <input type="checkbox"/>	_____	_____	_____	_____
_____ <input type="checkbox"/>	_____	_____	_____	_____
_____ <input type="checkbox"/>	_____	_____	_____	_____

**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 \_\_\_\_\_

**STOP: If you have had TWO unsuccessful applications to the program you are no longer eligible for admission.**

**Are you a current Licensed Practical Nurse?** Yes \_\_\_\_\_ No \_\_\_\_\_

If so, LPN License Number \_\_\_\_\_

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

- Are you a United States citizen? Yes/No  
If you answered yes to question #1, skip questions 2, no TOEFL score required.
- 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.
- 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.

(OVER)

I have attached/included/mailed the following:

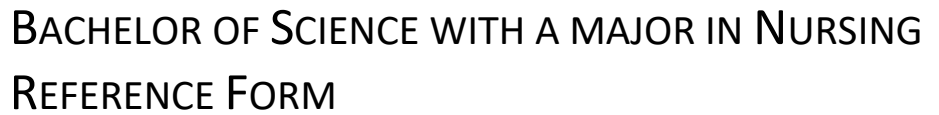
- ☐ **Academic Record/Unofficial transcripts from ALL institutions attended**
- ☐ **St. Cloud State University Intended Nursing Degree Audit Report**
- ☐ **References-one academic and one professional-MUST be in separate envelope with referees signature across seal if submitting a paper reference**
  - **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.



To be completed by Student:

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

[Type text]



# BACHELOR OF SCIENCE WITH A MAJOR IN NURSING

## REFERENCE FORM

This form can be submitted to [rlament@stcloudstate.edu](mailto:rlament@stcloudstate.edu) electronically. It must come directly from the referees email. You may also submit a paper reference directly to: St. Cloud State University, Department of Nursing Science BH 213, Admissions committee, 720 fourth Avenue South, St. Cloud, MN 56301. **Paper reference submission must be in a sealed envelop 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.**

I.

	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** \_\_\_\_\_

[Type text]

