RN to Baccalaureate Completion PROGRAM APPLICATION
Department of Nursing Science

Room 213
Brown Hall
The Admissions Process (2 steps)
1. St. Cloud State University Admission Process (required)
Applicants should first apply to St. Cloud State University by completing the online admission application at www.stcloudstate.edu/apply. For questions regarding university admission please contact the Office of Admissions at 1-877-654-7278 or at scsu4u@stcloudstate.edu.

2. BN to BS Admission Process
The RN to BS application is submitted directly to the Nursing Science Department (separate from the SCSU admission process). 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.

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):
- Completed St. Cloud State University application (including transcripts)
- Completed RN to BS application forms with all supporting documentation and references.
- Evidence of current unencumbered RN licensure in at least one state with eligibility for licensure in MN.
  - Recent Associate Degree graduates may apply, but must have passed the N-CLEX prior to starting the program.
- Contact email and phone number.
- Achieved a minimum cumulative college GPA of 2.5 in previous RN program (based on a 4.0 scale).

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.

If Admitted
Additional requirements must be met if you are accepted to the RN to BS completion program. 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 including
  - Copy of yearly Mantoux shot record or chest X-ray
  - Evidence of Hepatitis B immunization
  - Evidence of Tetanus immunization
  - Evidence of Varicella immunization, titer, or disease (must come from medical provider)
  - Evidence of Influenza immunization
- Mandatory Orientation Session-date to be announced upon admission to the program
- Meet technology requirements. You must verify that your computer equipment meet the minimum technical requirements needed for an online course. Technical requirements are subject to change.
Upon admission students will be required to:

- Complete any courses required to meet St. Cloud State University's liberal education requirements for graduation (120 credits total) including 10 upper division (support) credits (300-400 level) in area(s) of choice. All support credits must be taken for a letter grade; P/N is not acceptable and a minimum grade of C (2.5) is required.
- Complete 30 credits of RN to Baccalaureate online completion program.
- Meet education, drug/alcohol testing and health work requirements of clinical agencies.

**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.

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

SCSU email is recognized as an official communication channel for all Students at SCSU. The SCSU address will be designated as applicants e-mail contact. Students are expected to receive, read, and act expeditiously upon communication distributed through SCSU email. All notifications relative to admission/rejection will be via SCSU email. Please include your current email contact and phone number on application.
**Student Checklist**

☐ 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 for the year you wish to start taking credits. **This is in addition to the RN to Baccalaureate application.**

☐ Application and Deadline
All materials, including supporting documents, can be hand delivered or mailed to:

St. Cloud State University
Department of Nursing Science BH 213
Attn: RN to BS Nursing Coordinator
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
In addition to submitting transcripts to SCSU Admissions; applicants should submit unofficial copies of transcripts for ALL institutions attended directly to the Department of Nursing Science when you submit your application and other supporting documentation.

☐ Letter of 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. Students who graduated over 5 years ago must submit a minimum of two references from an RN supervisor (One director; charge RN, other supervisory RN). Students who have attended a nursing program in the past five years are required to obtain a reference from the chair of the Nursing Department or designee at that institution and an RN supervisor.

☐ Students with Transfer Credits
If you have transferred courses from another institution, the Office of Admissions will complete a degree audit report (DARS) detailing how courses are applied to your program of study. The DARS is obtained online through your eServices HuskyTech account.

☐ RN Licensure
Attach a copy of your unencumbered RN license for the state of Minnesota.
BACHELOR OF SCIENCE IN NURSING APPLICATION
RN to Baccalaureate
Completion Program
You must complete this form entirely. You must attach transcripts from all
Colleges/Universities to this form. Submit this form and all materials listed on the
student checklist to the Department of Nursing Science Admissions Committee,
RN-BS Completion Program; 720 Fourth Avenue South, BH 213; St. Cloud, MN
56301. 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 ___________________________ SCSU Email ___________________________
#1 Phone #2 Phone

Personal Email ___________________________

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

☐ ___________________________ ___________________________ ___________________________ ___________________________

☐ ___________________________ ___________________________ ___________________________ ___________________________

☐ ___________________________ ___________________________ ___________________________ ___________________________

☐ ___________________________ ___________________________ ___________________________ ___________________________

Work Experience (if additional space is need, please attach additional sheet in same format)
Institution Title Start End

☐ ___________________________ ___________________________ ___________________________ ___________________________

☐ ___________________________ ___________________________ ___________________________ ___________________________

☐ ___________________________ ___________________________ ___________________________ ___________________________

☐ ___________________________ ___________________________ ___________________________ ___________________________

RN License Number(s): __________________________________ State(s): ___________________________

LPN License Number(s): __________________________________ State(s): ___________________________

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.
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

<table>
<thead>
<tr>
<th>Oral communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing skills</td>
</tr>
<tr>
<td>Acceptance of critique/suggestions</td>
</tr>
<tr>
<td>Initiative and resourcefulness</td>
</tr>
<tr>
<td>Self confidence</td>
</tr>
<tr>
<td>Intellectual ability</td>
</tr>
<tr>
<td>Emotional maturity</td>
</tr>
<tr>
<td>Leadership potential</td>
</tr>
<tr>
<td>Dependability</td>
</tr>
<tr>
<td>Organizational skills</td>
</tr>
<tr>
<td>Caring behaviors</td>
</tr>
<tr>
<td>Professional demeanor</td>
</tr>
<tr>
<td>Integrity and honesty</td>
</tr>
<tr>
<td>Collaboration and teamwork</td>
</tr>
<tr>
<td>Stress management</td>
</tr>
<tr>
<td>Critical thinking skills</td>
</tr>
</tbody>
</table>

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

Outstanding Candidate      Strong Candidate      Average Candidate      Fair Candidate      Poor Candidate

III. Relationship to applicant_____________________________________________ Length of time known _____________

IV. Comments:

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

Signature_________________________________________ Date________________________

Name (print)_________________________________________ Credentials____________________

Address_____________________________________________ Phone________________________
# Bachelor of Science (RN to BS) in Nursing Reference Form

This form must be returned directly to: St. Cloud State University, Department of Nursing Science; Admissions Committee, RN-BS Completion Program; 720 Fourth Avenue South, BH 213; 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 Chair or Faculty RN designee in School of Nursing from AD or Diploma RN program if completed within last 5 years

---

**Student Applicant Name**

Last | First | MI | 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.

I.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance of critique/suggestions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative and resourcefulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional demeanor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity and honesty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaboration and teamwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Thinking skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. Overall impression of individual as a candidate for St. Cloud State University's RN to 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
---|---