



SOUTHERN UTAH UNIVERSITY  
APPLICATION TO THE DEPARTMENT OF NURSING

# Pre-Licensure (BSN)

## BACHELOR OF SCIENCE IN NURSING – BSN DEGREE PROGRAM – Fall 2015 Admission

SUU Department of Nursing – Admissions, 351 W. University Boulevard, SCA 108, Cedar City, UT 84720  
435/586-1906 or 435/586-7915, [RobertsonV@suu.edu](mailto:RobertsonV@suu.edu)

**NURSING APPLICATIONS ARE REVISED FROM SEMESTER TO SEMESTER. BE SURE THAT THE APPLICATION FORMS YOU SUBMIT ARE FOR THE CURRENT SEMESTER.**

Dear Applicant:

We are pleased to hear of your interest in the Southern Utah University Baccalaureate Nursing Program. To support you in the admissions process, Ms. Vikki Robertson, SUU Department of Nursing Administrative Assistant is available to answer any questions you may have concerning the Nursing Program. She can be reached at (435)586-1906 or e-mail at [RobertsonV@suu.edu](mailto:RobertsonV@suu.edu). If you have questions regarding transfer credits or advisement, please contact an SUU, Walter Maxwell Gibson, College of Science and Engineering (COSE) Academic Advisor. The COSE has three Advisor's assisting students; they share this duty as follows: Jared Wilcken, *advising science students with the last name A-G*, [wilcken@suu.edu](mailto:wilcken@suu.edu); Reko Hargrave, *advising science students with the last name H-N*, [rekohargrave@suu.edu](mailto:rekohargrave@suu.edu); Brittney Hernandez, *advising science students with the last name O-Z*, [brittneyhernandez@suu.edu](mailto:brittneyhernandez@suu.edu); or call at (435)586-5420. We look forward to working with you in completing your admissions application process and offer the following guidelines to insure proper processing.

SUU Department of Nursing admission is competitive and based on review of all application materials. **Minimum requirements to apply for admission include, but are not limited to, the following:**

- Completed admission application packet for pre-licensure BSN option.
- Acceptance to SUU with all transcripts transferred to SUU (a \$50.00 non-refundable application fee & official transcripts are required).
- Completion of **ALL** pre-requisites; including Core Course Requirements, Knowledge Area Requirements, & Required Support Courses.<sup>1,2</sup>
- Completion of the required nursing admission exam.<sup>3</sup>
- Undergraduate cumulative GPA of 3.0 on a 4.0 scale.
- A cumulative GPA of 3.0 on a 4.0 scale on all "Required Support Courses" with no course grade less than a C (C- is not acceptable).
- Completed "Department of Nursing Advisement Sheet" signed by applicant and adviser. *Consult with SUU, Walter Maxwell Gibson, College of Science and Engineering Academic Advisor prior to submitting your application.*
- \$20.00 non-refundable nursing application fee; checks made payable to "SUU Nursing (NURS2)". Paid to SUU Cashiers Office, **include copy of your receipt in application packet. (Use attached deposit form).** Or pay on-line at <http://suu.edu/cose/nursing/> and select "Application OnLine Payment Option", include a copy of your receipt in your application packet.

<sup>1</sup>Students who are finishing pre-requisite courses during the semester they apply to the Nursing Program should submit their grade report to the Department of Nursing no later than, **Friday, May 8, 2015, spring grades, and/or Friday, August 7, 2015, summer grades.**

<sup>2</sup>UNIV 3925 & UNIV 4925 (EDGE courses); do not need to be completed prior to starting the nursing program, but will need to be completed in order to graduate with a Bachelor's degree from SUU, if applicable for catalog.

<sup>3</sup>TEAS® V (Test of Essential Academic Skills version 5) is a computer exam that is a multiple choice assessment of basic academic knowledge of reading, mathematics, science, English and language usage provided by ATI® Testing. SUU Nursing applicants must submit transcripts of the TEAS V that is no more than one year old from the application due date (02/13/2015). SUU will offer several test dates. If not taking the TEAS V at SUU your TEAS V transcript must be requested by February 11, 2015 and sent to SUU from ATI®. Visit <http://www.atitesting.com/Home.aspx> for more information on the TEAS V exam.

**TEAS® V, TEST DATES (Dates are subject to change due to room availability, please check SUU Nursing website for any changes):** All tests will be proctored in SC 301 - 25 testers maximum per test date, on a first come-first serve basis. Monday, January 12, 2015 - 10:00 AM; Thursday, January 29, 2015 - 11:30 AM; Friday, February 6, 2015 - 10:00 AM; Thursday, February 12, 2015 - 11:30 AM. This is a 3 hour and 40 minute multiple-choice test. Register for this exam at [www.atitesting.com](http://www.atitesting.com), select the "Register for TEAS" option and follow prompts to test at SUU on your desired day and time. The cost of the TEAS® V exam is \$56.00, payable at the time of the on-line registration. Please bring your receipt, photo ID, and ATI user name and password to your selected test date.

Please note that meeting the above requirements does not guarantee admission. As a part of the selection process, applicants may be asked to attend a scheduled interview. From the applicants who meet minimum requirements, those who appear to be best qualified will be admitted.

The goal of the Admissions and Advancement Committee is to select the most capable students. GPA and course grades are carefully scrutinized and are an important part of the application process. The application package assists us in evaluating these qualities. We expect applicants to be courteous, respectful, truthful, and professional at all times.

Applications and all required documentation need to be submitted to the Department of Nursing **ON or BEFORE 4:00PM**, February 13, 2015, to be considered for the Fall 2015 semester (Applications postmarked/received after this deadline will NOT be considered for admission to the program). Please mail or hand deliver to:

Southern Utah University Department of Nursing  
Attn: Vikki Robertson  
351 West University Blvd., SCA 108 A  
Cedar City, UT 84720

The selective admission process for pre-licensure (BSN) students is twice per year, fall and spring semester. Applicants are notified of the committee decision by mail. All decisions by the Nursing Admissions and Advancement Committee are final and may not be appealed.

If the applicant pool exceeds the maximum number of positions available for the specified semester, several students will be considered as alternates for admission. If accepted applicants decline their acceptance or are not admitted for medical or other reasons, alternates will be notified of acceptance. The Nursing Program does not keep a waiting list from semester to semester.

Again, we are pleased that you are interested in the SUU Nursing Program; remember it is **REQUIRED** that you meet with an SUU Academic Advisor prior to submitting your application.

Donna J. A. Lister, PhD, MSN, APRN, FNP-BC, CNE  
Chair, Department of Nursing

Name of Institution – List schools in order attended with most recent first.	Location (City, State)	Indicate 2-yr/4yr.	Beg. Date mm/yy	End Date mm/yy	Degree Obtained (yes/no)	Degree Date mm/dd/yy	Study Field
<i>If attended more than three (3) colleges/universities, explain (use a separate sheet of paper if needed):</i>							



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**F. WORK EXPERIENCE** *Include all employment most recent first.* If you have had any health-related employment within 2 years (including volunteer hours) give facts, with dates, concerning this employment, beginning with the most recent. Provide letters of verification from place of employment or volunteer service within the health-related fields listed here. Attach additional pages as needed.

Name of Firm/Employer – List in order with most recent first.	Location (City, State,)	Position	Beg. Date mm/yy	End Date mm/yy	Reason Left Employment

**G. UTAH NURSE PRACTICE ACT CONFORMITY**

**Note:** In order to be licensed as a registered nurse in the state of Utah, the applicant must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony, treated for mental illness or substance abuse should discuss their eligibility to take the RN licensure exam with the Utah State Board of Nursing. The Utah State Board of Nursing makes the final decision as to whether a license will be issued to practice nursing in the State of Utah. If you have questions regarding this, please contact the State Board of Nursing, 160 East 300 South, Salt Lake City, Utah 84111. Phone Number 801/530-6628 or Toll Free in Utah 866/275-3675.

**Signed:**

**Date:**

**H.** List extracurricular activities, awards, honors, scholarships, student government, etc.

**--PLEASE COMPLETE SECTION "H" BY ATTACHING A TYPED PAGE IN BULLETED FORMAT (1 page maximum)--**

**I.** To see your writing style, **in essay format**, please describe three (3) of the following:

- (1) Your experience and activities since you last attended school (if more than six months have elapsed)
- (2) List your greatest accomplishment
- (3) What you most enjoy doing in your leisure time
- (4) Your reasons for selecting nursing as a career
- (5) Any special reasons for desiring to enter this program
- (6) Tell us what strengths you will bring to the nursing profession
- (6) Your plans and aspirations for the future

**--PLEASE COMPLETE SECTION "I" BY ATTACHING A TYPED PAGE (1 page maximum)--**

**J. LETTER OF RECOMMENDATION**

*List the names of the three (3) persons you have selected as references (make sure you have a total of three (3) copies of the structured recommendation form included with this application). Each evaluator should be instructed to complete the form, place it in the envelope provided by you, seal the envelope, sign his/her name across the seal of the envelope, and return the sealed envelope to you to include with your application: or the evaluator can mail the letter of recommendation directly to the Department of Nursing. You, the applicant, are to provide an addressed envelope with your name on front of envelope, and IT IS YOUR RESPONSIBILITY TO VERIFY IT HAS BEEN RECEIVED AND INCLUDED WITH YOUR APPLICATION.*

- AT LEAST ONE FROM A PROFESSIONAL (WORK) REFERENCE.
- AT LEAST ONE FROM AN ACADEMIC (COLLEGE/UNIVERSITY) REFERENCE.
- THIRD REFERENCE IS APPLICANTS CHOICE.

1. Name:	Employer:		
Position:	Phone Number:	Return to applicant: Y or N	Mail to Dept.: Y or N
Capacity known the recommender:			
2. Name:	Employer:		
Position:	Phone Number:	Return to applicant: Y or N	Mail to Dept.: Y or N
Capacity known the recommender:			
3. Name:	Employer:		
Position:	Phone Number:	Return to applicant: Y or N	Mail to Dept.: Y or N
Capacity known the recommender:			



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**K. Nursing Department Advisement Sheet** ~ To be completed by the SUU Academic Advisor and signed by the student (applicant) and said advisor. An appointment to complete this form must be made no less than one week prior to the application deadline date. Academic Advisor contact information is available on the cover sheet of this application.

<b>Student Name:</b>			<b>SUU STUDENT Number (T#):</b>		
<b>Pre-requisites: (Gen Ed and Core Requirements):</b>			<i>Core Course Requirements below must be completed with a "C" or better, a "C-" grade will not be accepted and must be repeated.</i>		
<b>Course</b>	<b>Completed (Grade)</b>	<b>Completed (Credit hours)</b>	<b>Course</b>	<b>Completed (Grade)</b>	<b>Completed (Credit hours)</b>
ENGL 1010 (3)			BIOL 2420 PHYSIOLOGY (3)		
ENGL 2010 (3)			BIOL 2425 PHYSIOLOGY LAB (1)		
AMERICAN INST (3)			BIOL 2060 MICROBIOLOGY (3)		
FINE ARTS (3)			BIOL 2065 (1) MICROBIOLOGY LAB		
LM 1010 (1) Information Literacy			BIOL 2320 ANATOMY (3)		
CSIS 1000 (3) Intro to Computer Apps/Internet			BIOL 2325 ANATOMY LAB (1)		
COMM 1310/HUM (3)			CHEM 1110 (3) ELEMENTARY CHEM		
Interdisciplinary (3)**			CHEM 1115 (1) ELEM CHEM LAB		
UNIV 1000 (1)**			CHEM 1120 (5) BIO ORGANIC CHEM		
UNIV 1010* (1)			CHEM 1125 (1) BIO ORG CHEM LAB		
UNIV 3925* (1)			BIOL 2170 PATHOPHYSIOLOGY (3)		
UNIV 4925* (1)			NFS 1020 (3) Human Nutrition		
			FLHD 1500/PSY1110 (3) Lifespan Development		
			PSY 1010 (3) General Psychology		
			MATH 1040 (4) Statistics		
<b>Cumulative GPA (all college):</b>			<b>CORE GPA:</b>		
*These classes do not need to be completed prior to starting the nursing program, but will need to be completed in order to graduate with a Bachelor's degree from SUU. Required only for students in the 2011-2012 catalog or newer.					
** These classes are required for students in the 2009-2011 catalog or older.					
Gen Ed requirement met with Associate of Science/Arts (AS/AA) Degree from (list when & where):			Gen Ed grades verified by:		
Signing below, signifies that student has met with a Southern Utah University Academic Advisor for the College of Science and Engineering, and student and advisor agree that they have met the pre-requisite requirements to apply to the Southern Utah University Nursing Program.					
Academic Advisor Signature:			Date:		
Student Signature:			Date:		
<b>Important: Include a completed and signed copy of this form with your Nursing Admission Application.</b>					

*Points toward your application are awarded based on the grades above. If you have had to re-take any classes it will be to your benefit to attach a short letter of explanation concerning any retakes.*



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## L. Functional Requirements for Student Success

Southern Utah University's Department of Nursing values diversity in the students who wish to enter the profession of nursing. Students interested in entering nursing must be aware of functional requirements, environmental factors, and psychosocial demands that must be met to be considered as a candidate for entry into the nursing profession.

Functional requirements include, but are not limited to:

- Must be able to independently push, pull, and lift a medically fragile adult when positioning or transferring.
- Must have the ability to palpate body structures and be able to differentiate and report subtle variation in temperature, consistency, texture and structure.
- Must be able to identify and distinguish subtle variations in body sounds such as breathing.
- Must be able to read, understand, and apply printed material which may include instructions printed on medical devices, equipment and supplies.
- Must be able to visually distinguish subtle diagnostic variations in physical appearance of persons served. An example would be "*pale color*".
- Must be able to distinguish subtle olfactory changes in physical characteristics of persons served.
- Must be able to walk and stand for extended periods of time.
- Must possess the ability to simultaneously and rapidly coordinate mental and muscular coordination when performing nursing tasks.

Environmental factors include, but are not limited to:

- Protracted or irregular hours of work.
- Ability to work in confined and/or crowded spaces.
- Ability to work independently as well as with coordinated teams.
- Potential exposure to harmful substances and/or hazards.

Psycho social demands include, but are not limited to:

- Ability to maintain emotional stability during periods of high stress.
- Ability to work in an emotionally charged and stressful environment.

*I am aware of the functional requirements, environmental factors, and psycho social demands that must be met to be considered as a candidate for entry level into the nursing program.*

\_\_\_\_\_  
*Initial*

*Signing below signifies that I have read, understand, and that I agree and meet all of the functional requirements stated above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name





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**M. APPLICATION CHECKLIST AND SIGNATURE. You should complete the following checklist before signing and dating your application. Applicants are responsible to send their *COMPLETE* and signed application for the SUU Department of Nursing Bachelor of Science program in one envelope to:**

Southern Utah University  
Department of Nursing  
Attn: Vikki Robertson  
351 W. University Boulevard, SCA 108 A  
Cedar City, UT 84720

CHECKLIST FOR SUU DEPARTMENT OF NURSING BSN APPLICANTS

**Be sure to submit a complete and SIGNED application. Incomplete or unsigned applications will NOT be considered for admission to the Nursing Program!**

- ☐ Completed, signed and dated Department of Nursing application.
- ☐ Receipt for the \$20.00 Nursing Application Processing Fee; checks made payable to “SUU Nursing (NURS2)” (see cover letter & deposit form).
- ☐ Completed the TEAS® V Test at SUU or
  - ☐ Completed the TEAS® V test at another institution/location and requested TEAS transcript results from ATI Testing to be sent to SUU Nursing.
- ☐ Include a copy of your TEAS® V transcripts/results in the application packet (this includes tests taken at SUU).
- ☐ One (1) transcript (unofficial is acceptable) from **EACH** community college, college, and university you have attended (**this includes SUU transcripts**).
- ☐ Read, understand and sign “Utah Nurse Practice Act Conformity” (item G).
- ☐ Completed Bulleted List (Item H)
- ☐ Completed Essay (Item I).
- ☐ A minimum of three (3) recommendations in sealed, signed envelopes or noted that the evaluator is mailing recommendation. **IT IS THE APPLICANT/STUDENT RESPONSIBILITY TO MAKE SURE ALL THREE (3) RECOMMENDATIONS ARE RECEIVED BY THE DEPARTMENT OF NURSING BY THE APPLICATION DEADLINE DATE**, if they are not included with the completed application packet (item J).
- ☐ Completed Nursing Department Advisement Sheet (item K) signed by both SUU Academic Advisor and student/applicant.
- ☐ Signed Functional Requirement for Student Success Form (item L).

**Other important things to remember/check-off:**

- ☐ **Non-SUU Students:** I have submitted my SUU application to the Office of Admissions, with the required documentation. \_\_\_\_\_ (Initial)
- ☐ **All applicants:** I understand that if I am offered admission to the program without having all required pre-requisites completed at time of application. I will be required to have all remaining pre-requisites **completed Friday, May 8, 2015, or my admission to the program will be cancelled and my position will be given to the next available alternate. I understand that my complete application must be received at the Department of Nursing on or before Friday, February 13, 2015 or I will not be considered for admission to the program.** Applications postmarked 02/13/2014 and received after said date will **NOT** be accepted. \_\_\_\_\_ (Initial)

***Incomplete applications will not be considered.***

**NOTE: In order to be licensed as a registered nurse in the state of Utah, the application must be in conformity with the Utah Nurse Practice Act. Applicants who have been convicted of a felony, treated for mental illness or substance abuse should discuss their eligibility status for licensure with the Utah State Board of Nursing. Acceptance and completion of the nursing program does not assure eligibility to take the RN licensure exam. The Utah State Board of Nursing makes the final decision as to whether a license will be issued to practice nursing in the State of Utah. If you have questions regarding this, please contact the State Board of Nursing, 160 East 300 South, Salt Lake City, Utah 84111; Phone Number (801) 530-6628 or Toll Free in Utah (866) 275-3675.**



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**N. SIGN YOUR APPLICATION BELOW. APPLICATION WITHOUT A SIGNATURE WILL NOT BE CONSIDERED FOR ADMISSION!**

**Please read closely the text below before signing application.**

**It is understood that in applying to Southern Utah University's Nursing Program the applicant has read, understands and signed the "Functional Requirements for Student Success"** (document can be downloaded with other application materials, item "K"). The Department of Nursing reserves the right to recommend that an applicant be denied admission *or* to recommend dismissal of an admitted student whose academic record or performance in clinical instruction does not meet minimal expectations or whose performance is not consistent with these essential qualifications.

The Bachelor of Science in Nursing (BSN) program is an upper-division course of study requiring students to communicate effectively on their own behalf. Students in this program are expected to demonstrate skill in *independent* decision making, professional communication, critical thinking and problem solving.

Accordingly, the manner in which an applicant/prospective student communicates with the Department of Nursing may be considered as a potential indicator of the applicant/prospective student's ability to succeed in the BSN program. The Department of Nursing seeks to foster the reciprocal benefits of direct communication, which provides an opportunity for the communicator/applicant to identify and articulate his or her thoughts, and for the Department of Nursing to consider and respond directly to both, words and tone of applicant/student. **The Department of Nursing generally views indirect communication through a third party, whether parent, friend or other party as diminishing the effectiveness of that communication with the Department of Nursing.** (In situations involving a student or applicant with a disability affecting his or her ability to communicate, the Department does not consider needed third party assistance as "indirect" communications, and will provide all reasonable accommodations for that disability.)

Although individuals applying for entry into the BSN program should understand that admissions decisions are final, the Department of Nursing may discuss some information about an application, **but only with the applicant.** At the Department's sole discretion, information may be shared with another party if the applicant submits a written and signed release. However, the applicant must be present at all discussions.

**PLEASE NOTE:**

- 1) Only complete files/applications will be reviewed.
- 2) Through the completion of the Nursing Program students may be exposed to blood borne pathogens.
- 3) All prerequisite/support courses must be completed prior to starting the nursing program.
- 4) Satisfactory progress through the nursing program requires attendance in both theory and clinical sections. Clinical hours may include evenings, nights and weekends and will include out of town travel.
- 5) Students must supply their own transportation to clinical sites.

*I certify that I have read and understand the above statements and that all materials I have submitted for consideration by the Department of Nursing Admissions and Advancement Committee are complete and accurate. I understand that if it is found that any of the above information is falsified in any way, my application will not be considered and if I have been accepted to SUU's Nursing Program, falsified information is grounds for immediate removal. I understand that if I have not completed all course work requirements by **Friday, May 1, 2015** my admission to the Department of Nursing **will be canceled** and it will be necessary for me to reapply. **I understand that failure to complete the application accurately, or failure to submit all required documents, including a complete set of transcripts for all colleges attended, will result in denial of admission to the Department of Nursing. I understand that my complete application must be received by the SUU Department of Nursing on or before February 13, 2015 and that applications postmarked 02/13/2015, or received after this date will NOT be considered for admission to the program.***

*It is understood that the application and all accompanying documents, including transcripts, become the property of the Department of Nursing and will not be returned to the applicant. (It is strongly recommended that you make a copy for your records before submitting your application.)*

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



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## SUU Department of Nursing

### Deposit Disbursement

<i>Students: Complete and take to SUU Cashier's Office with payment or use U-Pay</i>					
<b>Date</b>		<b>Student Name</b>			
<b>Department</b>	Nursing	<b>Amount of Deposit</b>	\$20.00		
<b>Description</b>	Nursing Admission Application Fee				
<b>Deposit To Account</b>	Index	Fund	Org	Account	Prog
	NURS2			5562	
<i>The U-Pay option is available on the SUU Nursing website; go to <a href="http://suu.edu/cose/nursing/">http://suu.edu/cose/nursing/</a>, select "Application OnLine Payment Option" and follow directions.</i>					





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**TO THE APPLICANT:** Please fill out section 1 **ONLY** for each evaluator. (Please Print)

**SECTION 1**

Name of Applicant: \_\_\_\_\_

T Number: \_\_\_\_\_

**PLEASE NOTE:** *“The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee student access to educational records concerning them. Students are also permitted to waive their rights to access to recommendations.*

**The following signed statement indicates the applicant’s wish regarding this recommendation:**

*I waive, \_\_\_\_\_ or I do not waive \_\_\_\_\_ my right to see this form or any supplementary notes or letters pertaining to this reference form.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE EVALUATOR:** Please complete sections 2, 3 and 4.

**SECTION 2**

You have been chosen by the applicant as a reference in support of an application for nursing study at Southern Utah University. We are particularly interested in your appraisal of the applicant’s abilities and potential for further education.

Evaluator’s Name \_\_\_\_\_ Title \_\_\_\_\_

Your Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Complete  
Address \_\_\_\_\_

Length of time you have known applicant \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3**

**OVERALL RECOMMENDATION:**

- ☐ I highly recommend this applicant for the Nursing Program.
- ☐ I recommend this applicant for the Nursing Program.
- ☐ I do not recommend this applicant for the Nursing Program.



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**SECTION 4**

Evaluators should: (1) rate each statement independently, and (2) avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics.

The following questions or statements identify a variety of traits, skills, attitudes, etc. Please indicate the degree to which each quality is characteristic of the applicant you are rating by: (1) reading the statement carefully, (2) reading the points on the scale, and (3) encircle the number of your choice on the scale.

**Specific comments in each category are encouraged. If you do not feel that you have enough information to rate the candidate on a particular item, please circle “UNABLE TO ASSESS”.**

1. Problem Solving: Ability to identify and solve problems:

1	2	3	4	5	UNABLE TO ASSESS
Poor		Average		Excellent	

2. Sense of Responsibility: Ability to complete tasks, duties & honors commitments:

1	2	3	4	5	UNABLE TO ASSESS
Doesn't complete; Avoids responsibility		Average		Always completes; Accepts responsibility	

3. Maturity: Ability to conduct self in a mature, adult manner:

1	2	3	4	5	UNABLE TO ASSESS
Immature, childish		Average		Mature, adult behavior	

4. Attitude: Based upon your experience, what type of attitude does the applicant project toward life, school, job, etc.

1	2	3	4	5	UNABLE TO ASSESS
Very negative		Average		Very positive	

5. Caring Attitude: Does the applicant display a degree of caring for others?

1	2	3	4	5	UNABLE TO ASSESS
Very little		Average		Exceptional	

6. Stress/Anxiety Response: Ability to deal with stressful, anxiety-producing situations:

1	2	3	4	5	UNABLE TO ASSESS
Poorly, ineffective		Average		Excellent	

7. Motivation: Extent to which individual applies self:

1	2	3	4	5	UNABLE TO ASSESS
Uninspired		Average		Self-starter; Systematically a hard worker	

8. Appearance: Extent to which standards of appearance are met:

1	2	3	4	5	UNABLE TO ASSESS
Untidy		Average		Well groomed	



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9. Acceptance of Personal Feedback: Extent to which applicant accepts constructive critique and considers others points of view:

1	2	3	4	5	UNABLE TO ASSESS
Resents, rejects, doesn't respond		Average		Seeks, utilizes, responds effectively	

10. Communication Skills: Ability to communicate with peers, co-workers, teachers, etc.:

1	2	3	4	5	UNABLE TO ASSESS
Expresses self poorly		Average		Excellent expression; Fluent	

11. Integrity: Extent to which applicant displays an ethical code:

1	2	3	4	5	UNABLE TO ASSESS
Cheats, untruthful, blames others for mistakes		Average		Always honest, admits error, truthful, trustworthy	

12. Interpersonal Relationships: Ability to cooperate and get along with peers, co-workers, teachers, employers, etc.:

1	2	3	4	5	UNABLE TO ASSESS
Inappropriate behavior; generally antagonizes		Maintains satisfactory relationship		Outstanding ability to work well with others	

13. How would you characterize the following regarding this applicant? (Additional comments may be placed on a separate page if desired)

A. Greatest Strengths:

B. Weakest points:

C. Other comments:

**Thank you for your help in evaluating the applicant. A separate letter is not required but can be included. Please seal this form in the envelope provided, sign your name across the seal and return it to the applicant or mail directly to:**

**SUU Department of Nursing  
Attn: Vikki Robertson  
351 W. University Blvd  
Cedar City, UT 84720**

**(Please indicate students name on outside of envelope)**

***All Letters of Recommendations must be received at above location on or before February 13, 2015.***