



SOUTHERN UTAH UNIVERSITY
APPLICATION TO THE DEPARTMENT OF NURSING
BACHELOR OF SCIENCE IN NURSING – BSN DEGREE PROGRAM – Fall 2019 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

PLEASE TYPE OR PRINT NEATLY IN INK YOUR RESPONSES. SUBMIT THIS FORM WITH ALL ACCOMPANYING DOCUMENTS.

| | | |
|--|--|-------------------------|
| Are you a previous/current Southern Utah University student? <input type="checkbox"/> Yes <input type="checkbox"/> No | Last semester and year enrolled at SUU | SUU Student (T) Number. |
|--|--|-------------------------|

A. PERSONAL INFORMATION

| | |
|---|--|
| Legal Name (Last) _____ (First) _____ (Middle) _____ Preferred Name _____ | Former Name(s)—List all former names _____ Date of Birth (Mo./Day./Yr.) _____ Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---|--|

B. CONTACT INFORMATION

| | |
|---|--|
| Mailing Address <i>House/Street Number</i> _____ | Daytime Telephone _____ |
| Mailing Address <i>City, State, Zip</i> _____ | Evening Telephone _____ |
| Permanent Address <i>House/Street Number</i> _____ | Applicant Cell Phone (if applicable) _____ |
| Permanent Address <i>City, State, Zip</i> _____ | Home Town (City & State) (where you grew up): _____ |
| Applicant Email Address _____ | |
| Emergency Contact (Name) _____ | Relationship _____ |
| Emergency Contact Telephone _____ | |
| Emergency Contact Address <i>House/Street No., City, State, Zip</i> _____ | |

C. APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| Please select one of the following: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Immigrant <input type="checkbox"/> International Applicant Country of Citizenship? _____ | State reside? _____ How long? _____ | Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ | I am a re-applicant to the SUU Nursing Program. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ethnic Background (select one, optional): <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Alaskan <input type="checkbox"/> American Indian <input type="checkbox"/> White Non-Hispanic (Caucasian) <input type="checkbox"/> Other _____ | | ATI TEAS Exam Date of Exam: _____ Location tested: _____ Score: _____ Transcript Requested from ATI (if not taken at SUU): <input type="checkbox"/> Yes <input type="checkbox"/> No | |

D. ACADEMIC BACKGROUND (Include ALL colleges and universities you have attended, including Southern Utah University, use additional pages if needed)

| 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 |
|--|------------------------|--------------------|-----------------|----------------|--------------------------|----------------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

If attended more than three (3) colleges/universities, explain (use a separate sheet of paper if needed):

| |
|--|
| |
|--|

E. HEALTHCARE CERTIFICATIONS (use additional pages if needed, attach accompanying copies/documentation as indicated, if available)

Certification can include but is not limited to CNA, LPN, EMT, MA, CPR, First Aid, Paramedic, etc. (not all certification will have a #)

Type: _____ Number: _____ Year Received: _____ Included Copy

Type: _____ Number: _____ Year Received: _____ Included Copy

Type: _____ Number: _____ Year Received: _____ Included Copy

Type: _____ Number: _____ Year Received: _____ Included Copy



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F. HEALTH CARE EXPERIENCE *Include all, most recent first.* Include any/all potential health care experiences. Attach additional pages as needed.

| Company Name-List in order with most recent first. | Location (City, State.) | Position | Beg. Date mm/yy | End Date mm/yy | Ttl. Hours Completed | Reason Left |
|--|-------------------------|----------|-----------------|----------------|----------------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

G. WORK EXPERIENCE *Include all employment, most recent first.* 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 |
|---|-------------------------|----------|-----------------|----------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

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. Complete the sentence and expand to two (2) paragraphs (1-page maximum): *A good nurse ...*

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

J. In essay format, answer the following by selecting two from numbers 1-3 and one from numbers 4 or 5. Be specific as to which question(s) you are selecting:

1. Describe a time in your life when you experienced a significant challenge, difficulty, or failure. What did you learn about yourself through facing this situation?
2. Describe a time when you had a conflict with another individual. How did you respond to/manage that conflict?
3. Tell us what strengths you will bring to the nursing program and what you believe will be your biggest challenge or obstacle?
4. Tell us how your investment in your education at SUU contributes to your desired future.
5. Connect the dots as to how your previous work experience contributes to your future career in healthcare.

--PLEASE COMPLETE SECTION "J" BY ATTACHING 2 TYPED PAGEs (2-page maximum) --

K. 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 (OTHER).

| | | | | | |
|---|--|----------------------|--|----------------------|----------------|
| 1. Name of Recommender: | | Recommendation Type: | | | |
| | | Professional | | Academic | Other |
| Email: | | Phone Number: | | Return to applicant: | Mail to Dept.: |
| | | | | Y or N | Y or N |
| How do you, the applicant, know this recommender? | | | | | |
| 2. Name of Recommender: | | Recommendation Type: | | | |
| | | Professional | | Academic | Other |
| Email: | | Phone Number: | | Return to applicant: | Mail to Dept.: |
| | | | | Y or N | Y or N |
| How do you, the applicant, know this recommender? | | | | | |
| 3. Name of Recommender: | | Recommendation Type: | | | |
| | | Professional | | Academic | Other |
| Email: | | Phone Number: | | Return to applicant: | Mail to Dept.: |
| | | | | Y or N | Y or N |
| How do you, the applicant, know this recommender? | | | | | |



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L. NURSING DEPARTMENT ADVISEMENT SHEET ~ To be completed by the SUU COSE Student Success 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.

| Student Name: | | | SUU STUDENT Number (T#): | | |
|--|---------------|----------------|---|---------------|----------------|
| Pre-requisites: (Gen Ed and Core Requirements): | | | <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> | | |
| Course | Completed | | Course | Completed | |
| | (Grade) | (Credit hours) | | (Grade) | (Credit hours) |
| 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 | | |
| | | | CHEM 1115 (1) ELEM CHEM LAB | | |
| | | | CHEM 1120 (5) BIO ORGANIC CHEM | | |
| EDGE 1010 * (1) | | | CHEM 1125 (1) BIO ORG CHEM LAB | | |
| EDGE _____ * (1) | | | BIOL 2170 PATHOPHYSIOLOGY (3) | | |
| EDGE _____ * (1) | | | NFS 1020 (3) Human Nutrition | | |
| | | | FLHD 1500/PSY1110 (3) Lifespan Development | | |
| | | | PSY 1010 (3) General Psychology | | |
| | | | MATH 1040 (4) Statistics | | |
| <input type="checkbox"/> Overall Cumulative GPA (all college): | Total: | Total: | CORE GPA: | Total: | Total: |
| <input type="checkbox"/> Current 30 Credits: | | | | | |
| *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. | | | | | |
| 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. Student and advisor agree that the pre-requisite requirements have been met to apply to the Southern Utah University Nursing Program. | | | | | |
| Academic Advisor Signature: | | | Date: | | |
| Student Signature: | | | Date: | | |
| Important: Include a completed and signed copy of this form with your Nursing Admission Application. | | | | | |

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.



M. Functional Requirements for Student Success

Southern Utah University’s Nursing faculty members value 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*

I understand that any personal body alterations (tattoos, gauges, piercings-other than one conservative earring per ear, et.) must be completely covered and/or removed for all clinical experiences.

_____ *Initial*

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

_____ Signature

_____ Date

_____ Print Name



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Deposit Disbursement
 Application Processing Fee

Pay in person to the SUU Cashier’s Office, with this completed form.

OR

Pay on-line using the U-Pay link.

*Students: Pay On-Line, using the U-Pay information below **OR** Complete this form and take it and your \$20 Application Processing fee to SUU’s Cashier’s Office (Sharwan Smith Center Rotunda). Cashier’s office cannot take your payment without this form.*

| | | | | | |
|---------------------------|---|---------------------|----------------------------|-------------|------|
| Date | <i>date</i> | Student Name | <i>Your name goes here</i> | | |
| Department | Nursing | Amount of Deposit | \$20.00 | | |
| Description | Nursing Admission Application Processing Fee | | | | |
| Deposit To Account | Index | Fund | Org | Account | Prog |
| | NURS2 | | | 5562 | |

***OR** The U-Pay, on-line payment option is available on the SUU Nursing website; go to <http://suu.edu/cose/nursing/>, select “Application On-line Payment Option” and follow directions.*

Include your receipt in your completed application.

PLEASE PRINT/COPY THREE (3) COPIES OF THE 3-Page LETTER OF RECOMMENDATION FORM BELOW.



TO THE APPLICANT: Please fill out section 1 ONLY for each recommender. (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 _____

Email _____ Phone _____

Occupation _____

Are you related to the Applicant: Yes No Relationship: _____

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.



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) check 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 | |
| Resents, rejects, doesn't respond | | Average | | Seeks, utilizes, responds effectively | UNABLE TO ASSESS |

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

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

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

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

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

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

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 Friday, February 8, 2019.