



SOUTHERN UTAH UNIVERSITY
APPLICATION TO THE DEPARTMENT OF NURSING
BACHELOR OF SCIENCE IN NURSING – BSN DEGREE PROGRAM (For May 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

RN to BSN

NURSING APPLICATIONS ARE DATE SPECIFIC. BE SURE THAT THE APPLICATION YOU SUBMIT IS CURRENT.

Dear Applicant:

We are pleased to hear of your interest in the Southern Utah University RN to BSN 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. You will need to contact an SUU Student Success Advisor for the College of Science and Engineering, if you have questions regarding transcripts or transferable classes. SUU Student Success Advisors contact information is, 435-586-5420:

- Jared Wilcken ~ *Advising Science students with the last name A-B & X-Z* ~ wilcken@suu.edu
- Rachel Ferguson ~ *Advising Science students with the last name C-E* ~ rachelferguson@suu.edu
- Randy Johnson ~ *Advising Science students with the last name F - I* ~ randyjohsnon@suu.edu
- Marshal Beach ~ *Advising Science students with the last name J-M* ~ marshalbeach@suu.edu
- Sharon Brown ~ *Advising Science students with the last name N-R* ~ brownsh@suu.edu
- Tina Calamity ~ *Advising Science students with the last name S-W* ~ calamity@suu.edu

We look forward to working with you in completing your admissions application and offer the following guidelines to insure proper processing.

Admissions for RN to BSN students is once a year (Summer). This application packet and all supporting documents need to be submitted to our office by the second Friday in March. For the 2019 class, beginning May 13, 2019, applications are due March 8, 2019.

To apply, complete the following:

- Undergraduate cumulative GPA of 3.0 on a 4.0 scale on all “Core Course Requirements” with no course grade less than a C (2.0 or better).
- If you have a baccalaureate or higher degree, consult with an adviser, see above for contact information.
- Completed admission application packet for the RN to BSN Degree Program.
- Completed “Department of Nursing Advisement Sheet” signed by applicant and adviser. ***Consult with College of Science & Engineering Student Success 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 (use included “Deposit Disbursement Form” (page 5) when making payment). Or pay on-line at www.suu.edu/cose/nursing, select “Application OnLine Payment Option”. **Include copy of your receipt in your application packet.**
- Copy of a valid **Utah** Registered Nursing License by August 1st (or copy of a valid RN license from a state that is part of the Compact).
- Plan on attending the first class in May, which will include orientation. More information will be included in acceptance packet.

Applications and all required documentation need to be submitted by the second Friday in March (03/08/19), for consideration for the Summer 2019 semester RN to BSN program.

Please mail or deliver to:

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

All applications are reviewed by the Admissions and Advancement Committee members. Applicants are notified of the committee decision by mail. All decisions by the Admissions and Advancement Committee are final and may not be appealed.

Application packets will be considered incomplete and will not be processed for further review if they do not contain ALL of the required information.

Again, we are pleased that you are interested in the SUU RN to BSN Nursing Program, and encourage you to contact Vikki Robertson if you require assistance in the application process. We look forward to the opportunity of serving you.
Sincerely,

Donna J. A. Lister, PhD, APRN, FNP-BC, CNE



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SUU Department of Nursing Chair

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	If Yes, last semester and year enrolled.	SUU Student (T) Number.
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A. PERSONAL INFORMATION

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

B. CONTACT INFORMATION

Mailing Address <i>House/Street Number</i>	Telephone
Mailing Address <i>City, State, Zip</i>	Secondary Telephone
Permanent Address <i>House/Street Number (if different from above)</i>	Applicant Cell Phone (if applicable)
Permanent Address <i>City, State, Zip</i>	Home Town (City & State)
Applicant Email Address	
Emergency Contact (Name)	Relationship
Emergency Contact Telephone	
Emergency Contact Address <i>House/Street No., City, State, Zip</i>	

C. APPLICANT INFORMATION

Country of Citizenship?	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	Are you a resident of the state of Utah? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how long have you resided in the state of Utah? _____
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"/> American Indian <input type="checkbox"/> White Non-Hispanic (Caucasian) <input type="checkbox"/> Other _____	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

D. LICENSURE INFORMATION

Currently have RN license? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain _____
Type of RN degree earned <input type="checkbox"/> AS <input type="checkbox"/> AAS <input type="checkbox"/> Diploma License Number: _____ State: _____
In Good Standing <input type="checkbox"/> Yes <input type="checkbox"/> No Include documentation (copy) of valid Utah RN license with application.

E. ACADEMIC BACKGROUND

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):



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F. EMPLOYMENT – List Employment 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. In a bulleted format, list your extracurricular activities, awards, honors, scholarships, student government, etc.

--PLEASE COMPLETE THIS SECTION BY ATTACHING A SEPARATE TYPED PAGE (1-page maximum) --

H. In an effort to see your writing style, in essay format, please describe two (2) of the following:

- (1) Your experience and activities since you last attended school (if more than six months have elapsed)
- (2) The things you have accomplished that have given you the greatest satisfaction
- (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) Your plans and aspirations for the future

--PLEASE COMPLETE THIS SECTION BY ATTACHING A SEPARATE TYPED PAGE (1-page maximum) --

I. LETTER OF RECOMMENDATION

List the name of the person you have selected as a reference (make sure you the structured recommendation form included with this application). Your evaluator should be instructed to complete the form, place it in an 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. 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.

• **APPLICANTS CHOICE.**

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?			



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J. Nursing Department RN to BSN Advisement Sheet ~ Advisement Sheet to be completed by the SUU Academic Advisor, and signed by the student (applicant) and said advisor.

Student Name:		SUU STUDENT Number (T#):		Year Applying For:	
Pre-requisites:			Core Course/Upper Division Credits		
	Completed			Completed	
Course	(Grade)	(Cr. hrs.)	Course	(Grade)	(Cr. hrs.)
ENGL 1010 (3)			MATH 1040 (4) Statistics		
ENGL 2010 (3)					
LM 1010 (1) Information Literacy					
CSIS 1000 (3)					
AMERICAN INST (3)					
FINE ARTS (3)					
PHYSICAL SCIENCE (4)					
HUMUNATIES (3)					
SOCIAL & BEHAVIORAL SCI (3)					
LIFE SCIENCE (4)					
Gen Ed requirement met with an Associate of Science (AS)/Associate of Arts (AA) Degree from:			# of Upper Division Credits Needed to Graduate:		Cumulative GPA:
<i>RN to BSN Checklist*</i>					
<input type="checkbox"/> I have or will have completed all SUU GE Requirements by May 1 st . OR <input type="checkbox"/> I have an Associate of Science (AS)/Associate of Arts (AA) Degree that has been accepted through SUU.					
<input type="checkbox"/> I have successfully completed three credit hours in the American Institution Requirement.					
<input type="checkbox"/> I have successfully completed a Statistic (MATH 1040) Course or will complete by May 1 st .					
<input type="checkbox"/> I need a total of 40 upper division credits to graduate from SUU with a Baccalaureate Degree; 31 of those 40 credits will come from my Nursing Requirements. Upper division credits are 3000 and 4000 level classes.					
<input type="checkbox"/> I need to complete at least 30 credits at SUU and 16 of these must be in SUU nursing coursework.					
<input type="checkbox"/> I need a total of 120 credit hours to graduate with a BSN from SUU.					
<input type="checkbox"/> Students participating in the RN to BSN program are not required to complete the University's EDGE Requirement.					
Signing below, signifies that student has met with the Academic Advisor for the College of Science and Engineering. Student and advisor agree that they have met the pre-requisite requirements to apply to the Southern Utah University Nursing Program.					
COSE Academic Advisor Signature:			Date:		
Student Signature:			Date:		

* PLEASE NOTE: If you have credit hours from a quarter system, these do not provide full credit. Quarter hours are 2/3 of a semester. Take your total credit hours and divide by 2/3 to get your total Semester credits (Ex: 60 quarter hours/3x2=40 semester credits).



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K. APPLICATION CHECKLIST AND SIGNATURE. Complete the following checklist and include in final application 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 in Nursing program in one envelope to:

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

CHECKLIST FOR SUU DEPARTMENT OF NURSING RN to 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 (page 1) & deposit form (page 5), below for instructions).
- One (1) transcript (**unofficial** is acceptable) from **EACH** community college, college, and university you have attended including SUU if applicable.
- Completed Essay and Bulleted List (item G & Item H).
- Your recommendation in a sealed, signed envelope or noted that the evaluator is mailing recommendation. **IT IS THE APPLICANT/STUDENT RESPONSIBILITY TO MAKE SURE RECOMMENDATIONS ARE RECEIVED BY THE DEPARTMENT OF NURSING BY THE APPLICATION DEADLINE DATE** (item I).
- Completed Nursing Department Advisement Sheet (item J) signed by both SUU Advisor and student/applicant.

Other important things to remember/check-off:

- Non-SUU Students:**
I have submitted my SUU application to the Office of Admissions, with the required documents and fees. _____
(Initial)
- All applicants:** I understand that I might be 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 by May 13, 2019, or my admission to the program will be canceled. I understand that I must submit a complete application or I will not be considered for admission to the program.** _____
(Initial)

Incomplete Applications will not be considered!

Students: Pay on-line using U-Pay (see below) <u>or</u> Complete this form and take to SUU Cashier’s Office (located in the Sharwan Smith Center, Rotunda) with payment.					
Date	<i>Add Date</i>	Student Name	<i>Add Your Name</i>		
Department	Nursing	Amount of Deposit	\$20.00		
Description	RN to BSN - Nursing Admission Application Processing Fee				
Deposit To Account	Index	Fund	Org	Account	Prog
	NURS2			5562	
<i>The U-Pay option is available on the SUU Nursing website; go to https://secure.touchnet.net/C20196_ustores/web/product_detail.jsp?PRODUCTID=993&SINGLESTORE=true, select “Application On-Line Payment Option” and follow instructions.</i>					



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L. SIGN YOUR APPLICATION BELOW. APPLICATIONS WITHOUT A SIGNATURE WILL NOT BE CONSIDERED FOR ADMISSION!

Please read closely the text below before signing application.

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 nursing faculty or staff members may be considered as a potential indicator of the applicant/prospective student’s ability to succeed in the RN to BSN program. We seek 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 us to consider and respond directly to the applicant/student. **We generally view indirect communication through a third party, whether parent, friend or other party as diminishing the effectiveness of that communication and the potential to establish a productive relationship.** (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.)

Individuals applying for entry into the RN to BSN program should understand that admissions decisions are final; a faculty or staff member 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 will be reviewed.
- 2) All prerequisite/support courses must be completed in order to obtain a Baccalaureate degree.
- 3) Through the completion of the Nursing Program students may be exposed to bloodborne pathogens.
- 4) Satisfactory progress through the nursing program requires attendance in both theory and clinical sections. Clinical hours may include evenings, nights and weekends and may include out of town travel.
- 5) Students must supply their own transportation to clinical sites.
- 6) Body alterations (tattoos, gauges, piercings-other than one conservative earring per ear, etc.) must be coverable and/or removed for all clinical experiences.

*I certify that I have read and understand the above statements and that all materials I have submitted for consideration by the 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 **May 13, 2019**, 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.***

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** _____



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	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 Friday, March 8, 2019.