



SOUTHERN UTAH UNIVERSITY  
APPLICATION TO THE DEPARTMENT OF NURSING  
**BACHELOR OF SCIENCE IN NURSING – BSN DEGREE PROGRAM – Fall 2023 Admission**  
SUU Department of Nursing – Admissions, 351 W. University Boulevard, SCA 108, Cedar City, UT 84720  
435/586-1906, RobertsonV@suu.edu

# Pre-Licensure 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 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 a SUU Student Success Advisor for the College of Health Sciences, their contact information is, 435-586-5420, <https://www.suu.edu/advising/chs-advisors.html>.

We look forward to working with you in completing your admissions application 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 the following:**

- Completed admission application packet for pre-license BSN option.
- Completion of **ALL** pre-requisites; including Core Course Requirements, Knowledge Area Requirements, & Required Support Courses.<sup>1</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, College of Health Sciences Student Success Advisor (as listed above) prior to submitting your application.*
- \$40.00 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 <https://www.suu.edu/nursing/> and select "Application On-line 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 will need to submit their final grade report to the Department of Nursing by 12:00 pm, on the Friday after grades are posted (or sooner if available).

Please note that meeting the above requirements does not guarantee admission. 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 various 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 **BY 12:00PM, February 3, 2023**, or sooner, to be considered for the Fall 2023 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-license (BSN) students is twice per year, fall and spring semesters. 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 any reason, 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 a SUU Student Success Advisor prior to submitting your application.

Selwyn D. Layton; DNP, MSN, RN  
Chair, Department of Nursing



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**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.
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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 (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female
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**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> _____	<b>Home Town (City &amp; State) (where you grew up):</b> _____
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: _____ Currently Enrolled in ROTC? <input type="checkbox"/> Yes <input type="checkbox"/> No	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			

**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 or Certificate	Beg. Date mm/yy	End Date mm/yy	Degree or Certificate Obtained (yes/no)	Degree or Certificate 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. ( <i>not all certification will have a #</i> )			
Type: _____	Number: _____	Year Received: _____	Included Copy <input type="checkbox"/>
Type: _____	Number: _____	Year Received: _____	Included Copy <input type="checkbox"/>
Type: _____	Number: _____	Year Received: _____	Included Copy <input type="checkbox"/>



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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, achievements, etc.

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

**I. Please respond to all of the statements/questions using Times New Roman size 12 font, double spaced with 1” margins. Each response should start with the numbered statement below. Maximum of four (4) pages:**

1. Why did you choose nursing and what is your vision for your future in nursing?
2. Describe a time in your life when you experienced a significant challenge, difficulty, failure or made a mistake. What did you learn about yourself through facing this situation?
3. Describe a time when you had a conflict with another individual. How did you respond to and/or manage that conflict?
4. Nursing school will be a priority in your life for the next two years and will be demanding of your time. Tell us why you should be selected for the nursing program discussing your strengths, ability to prioritize, meeting of deadlines and efficient use of time.

**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. You, the applicant, are to provide an addressed envelope with your name on front of envelope. Previous recommendations can be requested to be reused with this application as long as they are no more than one year old.*

- 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-Professional:		Recommendation Type: <input type="checkbox"/> Professional (New) <input type="checkbox"/> Professional (previous application) <input type="radio"/> Fall 2022 <input type="radio"/> Spring 2023			
Recommender’s Email:	Recommender’s Phone Number:	Return to applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail to Department: <input type="checkbox"/> Yes <input type="checkbox"/> No		
How do you, the applicant, know this recommender?					
2. Name of Recommender-Academic:		Recommendation Type: <input type="checkbox"/> Academic (New) <input type="checkbox"/> Academic (previous application) <input type="radio"/> Fall 2022 <input type="radio"/> Spring 2023			
Recommender’s Email:	Recommender’s Phone Number:	Return to applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail to Department: <input type="checkbox"/> Yes <input type="checkbox"/> No		
How do you, the applicant, know this recommender?					
3. Name of Recommender-Other:		Recommendation Type: <input type="checkbox"/> Other (New) <input type="checkbox"/> Other (previous application) <input type="radio"/> Fall 2022 <input type="radio"/> Spring 2023			
Recommender’s Email:	Recommender’s Phone Number:	Return to applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mail to Department: <input type="checkbox"/> Yes <input type="checkbox"/> No		
How do you, the applicant, know this recommender?					



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**K. NURSING DEPARTMENT ADVISEMENT SHEET** ~ To be completed by the SUU CoHS 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. Student Success Advisor contact information is available on the cover sheet of this application.

<b>Student Name:</b>			<b>Student 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>		
Course	Completed		Course	Completed	
	(Credits)	(Grades)		(Credits)	(Grades)
ENGL 1010 (3)			BIOL 2420 (3) Human Physiology		
ENGL 2010 (3)			BIOL 2425 (1) Human Physiology Lab		
AMERICAN INST (3)			BIOL 2060 (3) Microbiology		
FINE ARTS (3)			BIOL 2065 (1) Microbiology Lab		
INFO 1010 (1)			BIOL 2320 (3) Human Anatomy		
COMM 1310/HUM (3)			BIOL 2325 (1) Human Anatomy Lab		
			CHEM 1110 (3) Elementary Chemistry		
			CHEM 1115 (1) Elementary Chemistry Lab		
			CHEM 1120 (5) Organic Bio-Chemistry		
			CHEM 1125 (1) Organic Bio-Chemistry Lab		
			BIOL 2170 (3) Pathophysiology		
			NFS 1020 (3) Human Nutrition		
			FLHD 1500/PSY1110 (3) Lifespan Development		
<b>Catalog Year</b>			PSY 1010 (3) General Psychology		
<b>Total Current Credits</b>			MATH 1040 (4)/MATH 1031 (3) Statistics		
<input type="checkbox"/> Overall Cumulative GPA <input type="checkbox"/> Last 30(+) Credits	<b>Credits:</b>	<b>GPA:</b>		<b>Credits:</b>	<b>GPA:</b>
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 Student Success Advisor for the College of Health Science. 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:		
<b>Important:</b> Include a completed and signed copy of this form with your Nursing Admission Application. 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.					



L. 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 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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**M. APPLICATION CHECKLIST AND SIGNATURE. 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 \$40.00 Nursing Application Processing Fee; checks made payable to “SUU Nursing (NURS2)” (see cover letter & deposit form).
- Academic transcript (unofficial is acceptable). One unofficial copy from **EACH** community college, college, and university you have attended (**this includes SUU transcripts**).(Item D)
- Completed Bulleted List of extracurricular activities, awards, honors, scholarships, student government, etc. (Item H)
- Completed Essays (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 Student Success 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 and fees.

\_\_\_\_\_  
 (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 must submit an unofficial copy of my transcripts to the Department of Nursing by the Friday after grades are posted, or sooner if grades are available.

\_\_\_\_\_  
 (Initial)

- All applicants:** I understand that if I am offered admission to the program, that my admission is contingent on the following:  
 Successful completion of any remaining pre-requisite courses and maintaining my application GPA.  
 Submission of a clean/clear background report with the acceptance form.  
 Submission of documented proof of receipt of required immunizations, including the COVID vaccine.

\_\_\_\_\_  
 (Initial)

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

**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. Acceptance and completion of the nursing program does not assure eligibility to be licensed. 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, b7@utah.gov.





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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 “L”). The Department of Nursing reserves the right to deny 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.** (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 qualified complete applications submitted on or before the deadline date 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, successfully, prior to starting the nursing program.
- 4) Acceptance is contingent on a clean/clear background report.
- 5) All nursing students are required to provide documented proof of current immunizations including the COVID vaccine.
- 6) 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.
- 7) Students must supply their own transportation to clinical sites.
- 8) Body alterations (extreme hair color, tattoos, gauges, piercings-other than one conservative earring per ear, etc.) must be completely 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 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 **prior to the start of Fall semester**, 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 12:00 PM, Friday, February 3, 2023, and that applications postmarked 02/03/2023, 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** \_\_\_\_\_



## SUU Department of Nursing

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 \$40 Application Processing fee to SUU’s Cashier’s Office (Sharwan Smith Center Rotunda). Cashier’s office cannot take your payment without this form.*

<b>Date</b>	<i>date</i>	<b>Student Name</b>	<i>Your name goes here</i>		
Department	<b>Nursing</b>	Amount of Deposit	<b>\$40.00</b>		
Description		<b>Nursing Admission Application Processing Fee</b>			
<b>Deposit To Account</b>	Index	Fund	Org	Account	Prog
	<b>NURS2</b>			<b>5562</b>	

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

**Include one copy of your receipt in your completed application.**



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

**There must be a completed recommendation form from each recommender, in order for your application to be considered complete.**





**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) 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 Friday, February 3, 2023**