**St. David’s School of Nursing – Texas State University**

**Bachelor of Science in Nursing (BSN) Program**

**2018 Application for RN to BSN Admission**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously applied to the SON? | 🞎 | Yes | 🞎 | No |

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| 1. **Full Legal Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Last | | | | | | | | | | | | | | | | First | | | | | | | | | | | | | Middle | | | |
| 1. **Texas State University Student ID Number:** | | | | | | | | | | | | | | | | | | | | | A0 | | | | | | | | | | | | | Required before application is considered. | | | | | | | | | | | |
| 1. **Date of Birth (mm/dd/yyyy):** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 1. **Where did you learn about the St. David’s School of Nursing?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 1. **Address/Contact Information:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | *Street* | | | | | | | | | | | | | | | *City* | | | | | | | | | | *State* | | | | | *Zip* | | | | | | | | *Country* |
| Local Address (if different from above): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Street* | | | | | *City* | | | | | | | | | | | *State* | | | | | | | | | *Zip* | | | | | | | | | |  | | | | | | | | | |  |
| Preferred Contact Address: | | | | | | | | | | | 🞎 | | | Permanent Address | | | | | | | | | | 🞎 | | | | | | Local Address | | | | | | | | | | | | | | | |
| Email address: | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | Cell Phone: | | | | |  | | | | | | | | | |
| 1. **Language:** | | | | 🞎 | | English is primary Language | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |
|  | | | | 🞎 | | Other primary language; please note: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 1. **Residency Status:** | | | | | | | | | 🞎 | | | Texas Resident | | | | | | | | | | | 🞎 | | | | Non Texas Resident | | | | | | | | | | | | | 🞎 | | | International | | |
| ***Information regarding gender and ethnic background is based on Federal Affirmative Action reporting requirements; it is used for statistical purposes only and not considered in the admission process.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | 🞎 | | Male | | | | | | 🞎 | | | Female | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| Ethnicity: | | 🞎 | | White, non-Hispanic | | | | | | | | | | | | | | | 🞎 | Black or African American, non-Hispanic | | | | | | | | | | | | | | | | | | | | | 🞎 | | | Hispanic or Latino | |
|  | | 🞎 | | Asian, non-Hispanic | | | | | | | | | | | | | | | 🞎 | American Indian or Alaskan Native | | | | | | | | | | | | | | | | | | 🞎 | | | Native Hawaiian or Pacific Islander | | | | |
|  | | 🞎 | | Two or more races: | | | | | | | | | | | | | please list | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 🞎 | | Race/Ethnicity unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
| 1. **A criminal background checks and drug screen** are required prior to admission into the nursing program. Upon receiving your application and supporting documents and confirming you are eligible for admission, we will provide you with detailed instructions to initiate your criminal background check. Please do not begin this process until you have been provided with these instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Social Security Number:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*All applicants MUST have a social security number. Your SS# will be forwarded to clinical sites.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 1. **Education:** List all universities, colleges, and professional schools attended. Important: Failure to list all institutions will be considered an intentional omission and may lead to denial of admission or forced withdrawal from the nursing program. |

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| **Institution** | **Dates Attended** | **Major** | **Hours Earned** |
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1. **Discipline/Conduct Violations:**

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| --- | --- | --- | --- | --- |
| In your entire academic career have you ever earned a semester GPA less than 2.0 on a 4.0 scale or equivalent? | | | | |
| 🞎 | No | 🞎 | Yes | If yes, please list the university/college and the semester(s). For example, Austin Community College – fall 2001 |
|  | | | | |
|  | | | | |
| Address why you earned these grades, and describe the steps you took to improve your grades. | | | | |
|  | | | | |
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| Have you ever been found guilty of academic misconduct such as cheating? | | | | |
| 🞎 | No | 🞎 | Yes | If yes, please explain: |
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| Failure to correctly answer the above questions will be considered an intentional omission and may lead to denial of admission or forced withdrawal from the nursing program. | | | | |

1. **Prerequisite Coursework:** List below where and when coursework was completed.

**Texas State requires 2 years of same foreign language in high school or 6-8 hours of the same foreign language in college. If taken in high school, submit high school transcript to Texas State University Undergraduate Admissions. Applicants who submit their application before current grades are posted, must send official transcript(s) to Undergraduate Admissions once final graes are posted.**

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| **Prerequisite Coursework** | **Semester and Year/ Grade Earned** | **Institution** |
| ENG 1310 or 010 |  |  |
| ENG 1320 or 010 |  |  |
| MATH 1315 |  |  |
| BIO 1330 |  |  |
| CHEM 1341 |  |  |
| PHIL 1305 OR 1320 OR 040 |  |  |
| ART 2313, DAN 2313, MU 2313, OR TH 2313 OR 050 |  |  |
| HIST 1310 OR 060 |  |  |
| HIST 1320 OR 060 |  |  |
| POSI 2310 OR 070 |  |  |
| POSI 2320 OR 070 |  |  |
| PSY 1300 |  |  |
| ENG 2310, 2320, 2330, 2340, 2359 OR 2360 OR 090 |  |  |
| COMM 1310 OR 090 |  |  |
| US 1100 OR 1 HOUR ELECTIVE CREDIT |  |  |
| BIO 2451 |  |  |
| BIO 2452 |  |  |
| BIO 2440 |  |  |
| NUTR 2360 |  |  |
| FCD 1351 OR PSY 3300 |  |  |

Applicants to the nursing program must complete ALL prerequisite courses prior to the first day of nursing school.

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| 1. **Current Registered Licensure (unencumbered) Status:** | | | |
| ***RN LICENSE*** | |  |  |
| RN License Issue Date | |  | RN License # |
|  | |  |  |
| RN License Expiration Date | |  | RN License State |
|  | |  |  |
| ***ADN*** | |  |  |
| Institution where ADN (or equivalent Diploma) was earned | |  | Date of ADN (or equivalent Diploma) completion |
|  | |  |  |
| If recent ADN graduate, date of NCLEX-RN Exam |  | | |
| **`**   1. **References**   Please list the name and contact information of your two professional references. Completed reference forms are to be placed in sealed envelopes with signature and included in your application packet. | | | |

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| **Name** | **Relationship to You** | **Email** | **Telephone** |
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I attest that the above application information is accurate and complete to the best of my knowledge.

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |
|  |  |  |
| Print Name |  |  |

Deadline is Friday, July 13, 2018. Applications can be mailed to:

St. David’s School of Nursing

Texas State University

Attn: RN to BSN Admissions Office

1555 University Boulevard

Round Rock, TX 78665