Application to the Professional Program—Bachelor of Science in Nursing

CCSU School of Education and Professional Studies
324 Henry Barnard Hall; Telephone: 860-832-0032

Students admitted to the Professional Program are eligible to register for nursing courses the semester following acceptance to the Professional Program.

Application Submission deadline: NO LATER THAN 3:00PM on February 15th, 2016

Please print or type

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<tr>
<th>Last Name (please print)</th>
<th>CCSU ID</th>
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<tbody>
<tr>
<td>First Name</td>
<td>Middle Initial</td>
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Mailing Address

City/State/Zip

Home Phone

Cell Phone

Work Phone

CCSU Email

(EMAIL WILL BE SENT TO YOUR CCSU EMAIL ACCOUNT)

Gender □ Female □ Male

☐ First Time Application ☐ Reapplication

Entering Level

☐ 1st time Freshman ☐ Undergraduate Transfer (Credits transferred to CCSU) ________ Change of Major_____

Institutions Attended (Except CCSU)

List all colleges and universities you have attended (undergraduate and graduate) and attach official transcripts from all except CCSU. Transcripts submitted to other CCSU offices cannot be used. Use a separate piece of paper if you need more space.

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<th>College/University</th>
<th>City/State</th>
<th>Month/Year Attended</th>
<th>Undergraduate/Graduate</th>
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Statements of Understanding
Read Before Signing!

I understand that in order to be accepted in the Professional Program, remain in the Professional Program, and obtain a recommendation from CCSU, I must demonstrate the following:

- Personal attitudes and attributes appropriate to a nurse.
- Conduct that demonstrates appropriate professional behavior and shows realization that actions reflect directly upon the status and substance of the profession.
- Confidentiality of all information concerning colleagues and patients obtained in the clinical learning environment.
- Integrity and honesty in written and verbal communication, documentation, and coursework.

I further understand that the Department of Nursing may revoke admission to the Professional Program if:

- My cumulative GPA drops below 3.00.
- I demonstrate unprofessional behavior or an inability to respond appropriately in various contexts, which affect my performance as a nurse.
- I falsify or misrepresent any documentation or information for programmatic, academic, or professional qualification/competency purposes.
- I demonstrate unacceptable performance in clinical.
- Other due or sufficient cause.

I further understand that

- A criminal background check will be done before participating in clinical experiences and that I am responsible for obtaining the background check.
- If I receive the CCSU diploma, the Connecticut State Department of Public Health may not grant me licensure.
- If I have been convicted of a crime, dismissed for cause, or surrendered a professional credential, I might not be admitted to the Professional Program, may be unable to participate in clinical experiences, or may be ineligible for nursing licensure. This decision is at discretion of the Dean of the School of Education and Professional Studies. Furthermore, I understand that even if I receive the CCSU degree, the Connecticut State Department of Public Health may not grant me Licensure.
- If I fail to pass the background check, I may be unable to complete my chosen program at CCSU. I understand that the University is not responsible for my inability to complete my chosen degree.

I further understand that

- It is my responsibility to provide up-to-date, official transcripts (transcripts marked “issued to student” are acceptable) from all colleges/universities that I have attended and that transcripts submitted to other CCSU offices cannot be used by the Department of Nursing.
- Failure to provide all application materials may cause delay or termination of the Professional Program admission process and that incomplete applications may not be processed.
- All application materials become property of the Nursing Department and will not be returned.

I understand and agree to abide by the above Statements of Understanding. I attest that the information provided by me in this application contains no willful misrepresentation or falsification and that all of the information given by me is true, complete and accurate. I understand that this information may be verified and that any misrepresentation or falsification may result in the rejection of my application. I understand that admission may be revoked if I fail to continue to meet program requirements.

Signature: ___________________________ Date: ___________________________
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Name ________________________________________________ CCSU ID: ____________________

I allow the Department of Nursing to release my name to the CLN to track my completion of the mandatory background check.

Name: ________________________________________________

Signature: _____________________________________________ Date: _______________________

Connecticut League of Nursing, 377 Research Parkway, Suite 2D, Meriden, CT 06450

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<tr>
<th>Undergraduate GPA – CCSU (all undergraduate numbered courses)</th>
<th>Undergraduate GPA Non-CCSU (all undergraduate numbered courses)</th>
<th>Cumulative UG GPA:</th>
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3.00 Undergraduate GPA requirement met?  ☐ Yes  ☐ No

CHEM 161/162 ______
TEAS V _________
Other__________

DEPARTMENTAL REVIEW & EVALUATION DECISIONS

Additional Comments