



# Cleveland State University

## School of Nursing

Dear Prospective Accelerated Nursing Student,

Thank you for your interest in Cleveland State University (CSU) and the School of Nursing. Enclosed is documentation about our Accelerated Program which includes a prerequisite course check sheet, an application packet, recommendation forms, and a prerequisite course equivalency chart. If you already hold a bachelor's degree and have finished all of the prerequisites, you can complete the accelerated option program in nursing in four consecutive semesters. This program begins in January (Spring Semester) of every year. The application deadline is June 1st.

The Nursing Program at CSU is small and selective, providing students with the opportunity to work with a caring and supportive faculty. Acceptance into the Nursing major involves the following steps:

1. Admission to Cleveland State University as a pre-Nursing student
2. A bachelor's degree from an accredited university with a GPA of 2.50 or better
3. Completion of all prerequisite courses with a GPA of 2.75 or better
4. A School of Nursing Application and fee, two School of Nursing recommendation forms, a current resume, and official transcripts from all postsecondary institutions attended
5. An interview and writing sample, for selected candidates

If you have not already applied to CSU as an undergraduate, please contact Campus411 at (216) 687-5411 or apply online at [www.csuohio.edu](http://www.csuohio.edu). You should submit your application to CSU at least six weeks prior to the School of Nursing Application deadline.

Students who are currently working toward completion of the prerequisite courses, and have any questions about the program, should feel free to contact us on our main line at (216) 687-3598. You will be directed to the appropriate advisor. Also, please visit our website for updated information and for our Advising and Information session schedule. Our website is <http://www.csuohio.edu/nursing>. If you are attending an Advising or Information session or have an advising appointment scheduled, please bring copies of your transcripts from all universities you have attended.

Thank you for your interest in Cleveland State University and the School of Nursing. We look forward to working with you!

Attachments

**engagedlearning™**

Mailing Address: 2121 Euclid Avenue, JH 238 · Cleveland, Ohio 44115-2214  
Campus Location: Julka Hall, Room 238 · 2485 Euclid Avenue · Cleveland, Ohio  
(216) 687-3598 · Fax (216) 687-3556

# Accelerated BSN Application Checklist

*This checklist is for your information only. **Do not** submit this with your application materials. Please read carefully to make sure you have met the application eligibility requirements for the Accelerated BSN program and have submitted ALL application materials.*

**In order to be *eligible* to apply you must have completed the following:**

- Bachelor's degree in non-nursing area with a minimum cumulative GPA of 2.5
- Complete prerequisite courses with a minimum cumulative GPA of 2.75
  - A grade of at least "C" in each class
  - Grades for 2 of the 5 science courses must be posted on the transcript at the time of application
  - Two or more failing prerequisite courses are not permitted (C-, D, and F constitute failing grades)
  - Only one science course may be repeated one time to improve a grade
  - Science prerequisites may be no more than 10 years old at the application deadline
  - All of the prerequisites must be completed prior to starting the Nursing program

## Science Courses

- Anatomy/Physiology I
- Anatomy/Physiology II
- Chemistry I
- Chemistry II
- Microbiology

## Non-Science Courses

- Principles of Psychology
- Statistics
- Health Care Ethics
- Applicants must be proficient in Microsoft Word, Excel, and PowerPoint

- Apply to Cleveland State University as a post-baccalaureate student and be accepted as a pre-Nursing student (*allow at least 2 weeks for processing*)
- If you attended another School of Nursing, you must provide a letter from the Director of that School stating that you left that School of Nursing in good standing. Good standing includes academic standing (both Nursing course grades and GPA), clinical and lab performance, professional behavior/conduct, and whether you would be allowed to progress in that school's Nursing program if you were to stay there.

## Application Materials

- CSU School of Nursing Application
- \$25 School of Nursing Application Fee, Payable to Cleveland State University by check or money order
- Resume highlighting your professional and academic background
- Official transcripts & current schedules from **all** postsecondary educational institutions on file with the School of Nursing (Admissions does not forward these to us.)
- 2 completed School of Nursing Recommendation Forms from professors, supervisors, or employers (**not** colleagues, coworkers, friends, or family) These must be on the Recommendation Forms which are provided by the School of Nursing in the Application Packet.

**Please note:** *It is your responsibility to make certain that your application is complete, that the School of Nursing has received all required application documents, and that you have been formally admitted to Cleveland State University. If you would like to verify that all of your School of Nursing application materials have been received, you may call 216-687-3598 and inquire. The School of Nursing does not contact applicants to inform them of the status of their applications.*

*Questions? Please call the Recruiter/Advisor at (216) 687-3598.*

CLEVELAND STATE UNIVERSITY  
SCHOOL OF NURSING  
UNDERGRADUATE APPLICATION FOR ADMISSION

*Before submitting this application, you must meet the following requirements:*

1. **Apply to Cleveland State University**  
Applications can be obtained through the Office of Admissions (Euclid Commons, Welcome Center, 216-687-5411) or you can apply online at [www.csuohio.edu](http://www.csuohio.edu). This should be completed no later than six weeks prior to the Nursing application deadline. You must be admitted to the School of Nursing as a pre-Nursing student for the School of Nursing to review your application for admission to a Nursing program.
2. **Be accepted into Cleveland State University as a pre-Nursing student**  
New applicants to the University should check the appropriate box on the admissions application. You must forward official transcripts to the Admissions office when applying. Please include a copy of your acceptance letter to CSU in your nursing application packet.
3. **Transcripts**  
Official transcripts must be on file with the School of Nursing for all colleges and universities attended (this is in addition to the transcripts you may have submitted to the Admissions Office).
4. **Cumulative Grade-Point Average**  
Have a cumulative grade-point average of at least 2.5 for the Accelerated, Basic and RN to BSN track.
5. **Prerequisite Grade-Point Average**  
Have a prerequisite grade-point average of at least 2.75 for the Accelerated, Basic, and RN to BSN track. (One Science course may be repeated one time)
6. **In-take Advising Session**  
All interested applicants are urged to attend an Advising Session or speak with an advisor prior to starting the application process.
7. **School of Nursing Application**  
Complete this application and return to the School of Nursing with a \$25 application fee. Only check and money orders are accepted, payable to CSU. The \$25 application fee is non-refundable.

**The following are additional requirements for various tracks within the nursing program:**

Program	References	Active Ohio RN License	Bachelor's Degree	Resume
Accelerated Nursing	X		X	X
Basic Nursing Track	X			X
RN to BSN Track		X		X

**Application Deadlines:**

Program	Start Date	Regular Admission Deadline	Early Admission Deadline
Accelerated Nursing Track	Spring Semester (January)	June 1 <sup>st</sup>	
Basic Nursing Track	Fall Semester	March 1 <sup>st</sup>	January 1 <sup>st</sup>
RN to BSN Track	Fall Semester	July 1 <sup>st</sup>	

**The School of Nursing cannot process your application unless the requirements listed above have been met.**

Name: \_\_\_\_\_  
 Last First Middle Maiden

Address: \_\_\_\_\_  
 Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ work

Email Address: \_\_\_\_\_ CSU I.D. Number: \_\_\_\_\_

Have you ever attended CSU? \_\_\_Yes \_\_\_No Citizenship: \_\_\_U.S. \_\_\_Other

Have you ever applied to CSU's SON? \_\_\_Yes \_\_\_No If so, when? \_\_\_\_\_

Have you ever attended another School of Nursing? \_\_\_Yes \_\_\_No Are you an LPN? \_\_\_Yes \_\_\_No

<p><b>I am applying for initial licensure</b></p> <p><input type="checkbox"/> Accelerated Track, Spring 20__        (must have obtained a bachelor's degree)</p> <p><input type="checkbox"/> Basic Nursing Track, Fall 20__</p>	<p><b>I am applying for BSN completion</b></p> <p><input type="checkbox"/> RN to BSN Track Fall, 20__</p> <p>Do you have a valid Ohio RN License?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**PLEASE NOTE:** The session for which you specify program entry should be the session by which you intend to have all prerequisite courses completed.

<p><b>The following questions bear upon your ability to take the National Council Licensure Examination (NCLEX) to become a registered nurse in the State of Ohio. The answers to these questions are not utilized to determine admission to the Nursing Program. Should you be admitted to the Nursing Program and you have answered "yes" to any of the questions, you will be advised of additional procedures. Please answer each question.</b></p> <ol style="list-style-type: none"> <li>1. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled no contest to any felony? ___Y ___N</li> <li>2. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled no contest to any misdemeanor resulting from or related to the use of drugs? ___Y ___N</li> <li>3. Has any State Board of Nursing denied you licensure or admission to a licensure examination? ___Y ___N</li> <li>4. Have you ever received a reprimand, been placed on probation, or has your professional license been suspended or revoked? ___Y ___N</li> </ol>
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**Please note:** *It is your responsibility to make certain that your application is complete, that the School of Nursing has received all required application documents, and that you have been formally admitted to Cleveland State University. If you would like to verify that all of your School of Nursing application materials have been received, you may call 216-687-3598 and inquire. The School of Nursing does not contact applicants to inform them of the status of their applications.*

I certify that the information provided herein is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature Date

*For Office Use Only*

Application Received	Application Fee Received	Resume Received
Application Complete?	References Received	Transcripts Received



**CLEVELAND STATE UNIVERSITY**

**SCHOOL OF NURSING**

**Recommendation Form for Accelerated Nursing Track Applicants**

To The Applicant:

Complete the following items on this form and forward it directly to a **professor, supervisor, or employer**. To expedite the processing of your application, you may wish to provide the respondent with a pre-addressed envelope. All recommendation forms must be returned to the School of Nursing in a sealed envelope.

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle or Maiden)

CSU ID: \_\_\_\_\_

**Family Privacy Act-Statement on Confidentiality of Recommendation:**

- I desire that this recommendation be accessible to me after final admission and matriculation under the provisions of the Family Privacy Act.
- I desire that this recommendation be considered as confidential and hereby waive my right of access to this form following final admission and matriculation.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

***To The Respondent:***

The above named person has made application for an accelerated program of study leading to the BSN degree at Cleveland State University, and is requesting you to serve as a reference. Please comment on the following.

Circle the number (using the following scale) that represents the applicant's demonstration of the quality in relation to others with whom you have worked/supervised .

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N</b>
<b>Poor</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>	<b>Not Observed</b>

**Ability to work with others**

<b>Communication</b> - Expresses ideas succinctly and logically in writing .....	1	2	3	4	5	N
- Expresses ideas succinctly and logically when speaking .....	1	2	3	4	5	N
<b>Cooperation</b> - Works collaboratively with peers and others. ....	1	2	3	4	5	N
<b>Work With Others</b> - Establishes effective interpersonal relationships with others. ....	1	2	3	4	5	N

<b>Work Under Stress</b> - Accomplishes goals in situations that are stressful.....	1	2	3	4	5	N
<b>Sensitivity To Others</b> - Is alert to and considerate of needs of clients and colleagues.....	1	2	3	4	5	N
<b>Intellectual Ability</b>						
<b>Intellectual Curiosity</b> - Raises meaningful questions and seeks answers.....	1	2	3	4	5	N
<b>Innovativeness</b> - Moves beyond the obvious situations.....	1	2	3	4	5	N
<b>Decision Making Ability</b> - Considers alternatives and consequences and takes action on decisions.....	1	2	3	4	5	N
<b>Problem Solving Ability</b> - Uses a systematic approach to the identification and solution of intellectual problems.....	1	2	3	4	5	N
<b>Employee Characteristics/Work Habits</b>						
<b>Reliability</b> - Follows through on commitments.....	1	2	3	4	5	N
<b>Accountability</b> - Accepts responsibility for own decisions and actions.....	1	2	3	4	5	N
<b>Integrity</b> - Functions on the basis of accepted ethical standards.....	1	2	3	4	5	N
<b>Flexibility</b> - Changes or modifies behavior when appropriate.....	1	2	3	4	5	N
<b>Self-Direction</b> - Plans and executes actions independently.....	1	2	3	4	5	N
<b>Toleration of Ambiguity</b> - Functions without a rigidly defined, externally imposed structure.....	1	2	3	4	5	N
<b>Self-Confidence</b> - Carries out actions with assuredness.....	1	2	3	4	5	N
<b>Realistic Self-Concept</b> - Sets expectations for self congruent with own capabilities.....	1	2	3	4	5	N

Please include additional comments below:

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To be completed by the person serving as a reference:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Length of time you have known applicant:                      From: \_\_\_\_\_ To: \_\_\_\_\_

Your relationship to the applicant: \_\_\_\_\_

Are you a registered nurse?     Yes                       No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this reference. Please return it to:

School of Nursing  
**Attn: Accelerated Track References**  
Cleveland State University  
2121 Euclid Avenue, JH 238  
Cleveland, Ohio 44115-2214



CLEVELAND STATE UNIVERSITY

SCHOOL OF NURSING

Recommendation Form for Accelerated Nursing Track Applicants

To The Applicant:

Complete the following items on this form and forward it directly to a professor, supervisor, or employer. To expedite the processing of your application, you may wish to provide the respondent with a pre-addressed envelope. All recommendation forms must be returned to the School of Nursing in a sealed envelope.

Name of Applicant \_\_\_\_\_ (Last) (First) (Middle or Maiden)

CSU ID: \_\_\_\_\_

Family Privacy Act-Statement on Confidentiality of Recommendation:

- I desire that this recommendation be accessible to me after final admission and matriculation under the provisions of the Family Privacy Act.
I desire that this recommendation be considered as confidential and hereby waive my right of access to this form following final admission and matriculation.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

To The Respondent:

The above named person has made application for an accelerated program of study leading to the BSN degree at Cleveland State University, and is requesting you to serve as a reference. Please comment on the following.

Circle the number (using the following scale) that represents the applicant's demonstration of the quality in relation to others with whom you have worked/supervised .

Scale table with columns: 1 Poor, 2 Below Average, 3 Average, 4 Above Average, 5 Excellent, N Not Observed

Ability to work with others

Table with rows for Communication, Cooperation, and Work With Others, and columns for ratings 1, 2, 3, 4, 5, N

<b>Work Under Stress</b> - Accomplishes goals in situations that are stressful.....	1	2	3	4	5	N
<b>Sensitivity To Others</b> - Is alert to and considerate of needs of clients and colleagues.....	1	2	3	4	5	N
<b>Intellectual Ability</b>						
<b>Intellectual Curiosity</b> - Raises meaningful questions and seeks answers.....	1	2	3	4	5	N
<b>Innovativeness</b> - Moves beyond the obvious situations.....	1	2	3	4	5	N
<b>Decision Making Ability</b> - Considers alternatives and consequences and takes action on decisions.....	1	2	3	4	5	N
<b>Problem Solving Ability</b> - Uses a systematic approach to the identification and solution of intellectual problems.....	1	2	3	4	5	N
<b>Employee Characteristics/Work Habits</b>						
<b>Reliability</b> - Follows through on commitments.....	1	2	3	4	5	N
<b>Accountability</b> - Accepts responsibility for own decisions and actions.....	1	2	3	4	5	N
<b>Integrity</b> - Functions on the basis of accepted ethical standards.....	1	2	3	4	5	N
<b>Flexibility</b> - Changes or modifies behavior when appropriate.....	1	2	3	4	5	N
<b>Self-Direction</b> - Plans and executes actions independently.....	1	2	3	4	5	N
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<b>Self-Confidence</b> - Carries out actions with assuredness.....	1	2	3	4	5	N
<b>Realistic Self-Concept</b> - Sets expectations for self congruent with own capabilities.....	1	2	3	4	5	N

Please include additional comments below:

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To be completed by the person serving as a reference:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Length of time you have known applicant:                      From: \_\_\_\_\_ To: \_\_\_\_\_

Your relationship to the applicant: \_\_\_\_\_

Are you a registered nurse?     Yes                       No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this reference. Please return it to:

School of Nursing  
**Attn: Accelerated Track References**  
Cleveland State University  
2121 Euclid Avenue, JH 238  
Cleveland, Ohio 44115-2214

**Cleveland State University**  
**School of Nursing**  
**Nursing Prerequisite Course Equivalents**  
**For Cleveland-area Community Colleges**

Course Name	Minimum # of Credit Hours	Cuyahoga Community College	Lakeland Community College	Lorain County Community College
Anatomy & Physiology I (with Lab)	4	BIO 2331*	BIOL 2210	BIOG 121
Anatomy & Physiology II (with Lab)	4	BIO 2341*	BIOL 2220	BIOG 122
Chemistry I (with Lab) •Must be same sequence	4	CHEM 1010 or CHEM 1300w/130L	CHEM 1100 or CHEM 1500	CHMY 161 or CHMY 171
Chemistry II (with Lab) •Must be same sequence	4	CHEM 1020 or CHEM 1310 w/131L	CHEM 1150 or CHEM 1600	CHMY 162 or CHMY 172
Microbiology (with Lab)	4	BIO 2500	BIOL 2700	BIOG 251
General Psychology	3	PSY 1010	PSYC 1500	PSYH 151
Statistics •ABSN & RNBSN only	3	MATH 1410 & MATH 1420 **	MATH 1550	MTHM 168
Ethics •ABSN only	3	PHIL 2020 or PHIL 2050	PHIL 2700	PHLY 161 Or PHLY165
Freshman English •Basic & RNBSN only	6-7	ENG 1010 & ENG 1020	ENG 1110 & ENG 1120	ENG 161 & ENG 162
College-level Mathematics •Basic only	3-4	See CSU's Transfer Guide for CCC	See CSU's Transfer Guide for LCC	See CSU's Transfer Guide for LCCC

\* Prior to Fall 2011, these were BIO 2330 & BIO 2340. Please contact CCC for assistance if you did not finish both courses in the sequence before Fall 2011.

\*\* For BSN students starting the Statistics sequence at CCC in Fall 2010 or later, only MATH 1410 is required. Students who started the sequence prior to Fall 2010 must complete both MATH 1410 & 1420 in order to meet the Statistics requirement.

**For Basic BSN and Accelerated BSN students, effective Fall 2012, science prerequisites may be no more than ten (10) years old at the application deadline.**

For more information about Cleveland State University's Nursing Programs, please visit our website:  
<http://www.csuohio.edu/nursing/>