



Cleveland State University
College of Education and Human Services
School of Nursing

Dear Prospective Nursing Student:

Thank you for your interest in Cleveland State University and the School of Nursing. Enclosed is documentation about our BSN Program and includes an application packet, recommendation forms, a prerequisite course equivalency chart and an application submission checklist. Our Nursing Program begins in the Fall Semester of every year and we have two application deadlines: **January 1st** and **March 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 into Cleveland State University and the College of Education and Human Services.
2. Completion of all prerequisite courses with a GPA of 2.75 or better (one Science course may be repeated one time for acceptance of the higher grade). At least two science courses must be completed at the time you submit your application to the School of Nursing.
3. A grade point average (GPA) of 2.75 or above in the prerequisite courses and an overall GPA of 2.5 or above.
4. Two letters of reference, forms attached, and a current resume.

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. 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/cehs/departments/nursing>. If you are attending an 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



Mailing Address: 2121 Euclid Avenue, RT 915 · Cleveland, Ohio 44115-2214
Campus Location: Rhodes Tower, Room 915 · 1860 East 22nd Street · Cleveland, Ohio
(216) 687-3598 · Fax (216) 687-3556

The following checklist is for **your information only** (do not submit with your application materials). Please read carefully to make sure you have met the admissions requirements for the Basic program and have submitted ALL application materials.

Basic Program Application Submission Checklist

Admission Requirements

- MINIMUM cumulative (averaged from all universities attended) GPA of 2.5
- Acceptance to Cleveland State University in the College of Education and Human Services with a major in Pre-Nursing
- If you attended another School of Nursing, you must provide a letter from the Director of the School stating that you left the School in good standing.
- Completion of Prerequisite Courses (Minimum cumulative GPA of 2.75, at least a "C" in each class):
 - Anatomy/Physiology I
 - Anatomy/Physiology II
 - Chemistry I
 - Chemistry II
 - Microbiology
 - Principles of Psychology
 - College Level Mathematics
 - English 101 and 102
 - Computing Competency
- Grades for at least 2 of the 5 science courses must be posted on the transcript at the time of application
- All of the prerequisites must be completed prior to starting the Nursing program
- Only one science course may be repeated once for a better grade
- Two or more failing prerequisite courses are not permitted (C-, D, and F constitute failing grades)

Application Materials-must receive ALL materials by the deadline

- School of Nursing Application & \$15 Fee, Payable to Cleveland State University by check or money order
- Resume highlighting Professional and Academic Background
- Copies of all official transcripts & current schedules on file with the School of Nursing (Admissions does not forward to us; official copies are needed at the time of application)
- Submission 2 references 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.

Program Information

- 6 Semester Program (3 years). Beginning in Fall Semester, no Summer courses for Nursing. Schedule is full-time, primarily during the day, Monday - Friday, 7AM - 5PM, there are some evening clinicals. Must be FLEXIBLE
- Your complete file is evaluated by the admissions committee with particular attention paid to:
 - Undergraduate Degree GPA (Must be 2.5 or higher)
 - Pre-requisite GPA (Must be 2.75 or higher)
 - Professional References
 - Resume
 - Interview
 - Essays written during the interview portion, graded on writing ability and writing content
- In 2009 – 155 applications were received for 60 spots. The average Prerequisite GPA was 3.49, the cumulative GPA was 3.44

CLEVELAND STATE UNIVERSITY
 COLLEGE OF EDUCATION AND HUMAN SERVICES
 SCHOOL OF NURSING
 APPLICATION FOR ADMISSION

Before submitting this application, you must:

1. **Apply to Cleveland State University.**
 Applications can be obtained through the Office of Admissions (Rhodes Tower West, Room 204, 216-687-5411) or you can apply online at www.csuohio.edu. This should be completed no later than six weeks prior to the nursing application deadline. You must be admitted to the College of Education and Human Services for the School of Nursing to review your application for admission to a nursing program.
2. **Be accepted into the College of Education and Human Services.**
 New applicants to the University should check the appropriate box on the admissions application (do not choose “non-degree”). 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.
 - Have a cumulative grade-point of at least 3.0 for the MSN track.**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)
 - Have a cumulative grade-point average of at least 3.0 for the MSN track.
5. **Advising Session.**
 All interested applicants are urged to attend an Information/Advising session (for RN to BSN, Basic and Accelerated tracks) or speak with an advisor prior to starting the application process.
6. **School of Nursing Application.**
 Complete this application and return to the School of Nursing with a \$15 application fee. Only check and money orders are accepted, payable to CSU. The \$15 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
MSN Track	X	X	X	X
RN to BSN Track		X		X

Application Deadlines:

Program	Start Date	Regular Admission Deadline	Early Admission Deadline
Accelerated Nursing Track	Summer Semester (May)	January 1 st	
Accelerated Nursing Track	Spring Semester (January)	July 1 st	
Basic Nursing Track	Fall Semester	March 1 st	January 1 st
RN to BSN Track	Fall Semester	July 1 st	
MSN Track	Fall Semester	April 1 st	

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

Mailing Address: Cleveland State University * School of Nursing * 2121 Euclid Avenue RT 915 * Cleveland, Ohio 44115-2214

Name: _____
 Last First Middle Maiden

Address: _____
 Street City State Zip Code

Telephone: (____) _____ home (____) _____ work **Are you an LPN?** ____ Yes ____ No

Email Address _____

CSU I.D. Number (if applicable): _____ **Have you ever applied to SON?** ____ **if so, when** ____

Citizenship: ____ U.S. ____ Other **Ohio Resident for past 5 years?** ____ Yes ____ No

<p>I am applying for initial licensure</p> <p><input type="checkbox"/> Accelerated Track Summer, 20__</p> <p><input type="checkbox"/> Accelerated Track Spring, 20__</p> <p><input type="checkbox"/> Basic Nursing Track Fall, 20__</p>	<p>I am applying for BSN completion</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</p> <p><input type="checkbox"/> No</p>	<p>I am applying for a MSN</p> <p><input type="checkbox"/> Spring, 20__</p> <p><input type="checkbox"/> Fall, 20__</p> <p>Please specify track:</p> <p><input type="checkbox"/> Clinical Nurse Leader</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Forensic Nursing</p> <p><input type="checkbox"/> Specialized Population</p> <p><input type="checkbox"/> MSN/MBA</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.

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.

1. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled no contest to any felony? ____Y ____N
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
3. Has any State Board of Nursing denied you licensure or admission to a licensure examination? ____Y ____N
4. Have you ever received a reprimand, been placed on probation, or has your professional license been suspended or revoked? ____Y ____N

I certify that the information provided herein is true and complete to the best of my knowledge. I understand that it is my sole responsibility to provide the School of Nursing with all required application materials and fulfill all requirements necessary for admission. In signing below, I also give permission for the School of Nursing Faculty to call my immediate work supervisor for a reference if applicable.

 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 Basic 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 .

1	2	3	4	5	N
Below Average (below 40%)	Average (between 40% - 60%)	Above Average (within top 60%)	Outstanding (within top 25%)	Excellent (top 10% of those with whom I have worked)	Not Observed

Ability to work with others

Communication - 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
Cooperation - Works collaboratively with peers and others.	1	2	3	4	5	N
Work With Others - Establishes effective interpersonal relationships with others.	1	2	3	4	5	N
Work Under Stress - Accomplishes goals in situations that are stressful.	1	2	3	4	5	N
Sensitivity To Others - Is alert to and considerate of needs of clients and colleagues.	1	2	3	4	5	N

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

Please include additional comments below:

To be completed by the person serving as a reference:

Name: _____

Position: _____

Place of Employment: _____

Length of time you have know applicant: From: _____ To: _____

Capacity in which you have know 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: Basic Track References
 Cleveland State University
 2121 Euclid Avenue, RT 915
 Cleveland, Ohio 44115-2214



CLEVELAND STATE UNIVERSITY

SCHOOL OF NURSING

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Are you a registered nurse? Yes No

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School of Nursing
Attn: Basic Track References
 Cleveland State University
 2121 Euclid Avenue, RT 915
 Cleveland, Ohio 44115-2214

Cleveland State University
 School of Nursing
 Nursing Prerequisite Course Equivalents
 General Guidelines

Please contact our main line at (216) 687-3598 or visit our website at <http://www.csuohio.edu/cehs/departments/nursing/>

Course Name	Minimum # of Credit Hours	Cleveland State University	Cuyahoga Community College	Lakeland Community College	Lorain County Community College
Anatomy & Physiology I (with Lab)	4	Bio 266 w/Bio 267	Bio 2330	Biol 2210	Biog 121
Anatomy & Physiology II (with Lab)	4	Bio 268 w/Bio 269	Bio 2340	Biol 2220	Biog 122
Chemistry I (with Lab) *Must be same sequence	4	Chm 251 w/Chm 256	Chem 1010 or Chem 1300w/130L	Chem 1500 or Chem 2500	Chmy 161 or Chmy 171
Chemistry II (with Lab) *Must be same sequence	4	Chm 252 w/Chm 257	Chem 1020 or Chem 1310 w/131L	Chem 1600 or Chem 2600	Chmy 162 or Chmy 172
Microbiology (with Lab)	4	Bio 264 w/Bio 265	Bio 2500	Biol 2700	Biog 251
General Psychology	3	Psy 101	Psy 1010	Psyc 1500	Psyh 151
Statistics *Accelerated Option & RNBSN only	3	Com 303, or Psy 311, or Soc 354, or Math 147	Math 1410 & Math 1420	Math 1550	Mthm 168
Ethics *Accelerated Option only	3	Phl 240	Phil 2020, or Phil 2050	Phil 2700	Phly 161 or Phly165
Intro to Computers *Accelerated Option & Basic only	2	Nur 345, or Ist 203	IT 1010	ITIS 1005	Ciss 121
Freshman English Requirement *Basic & RNBSN only	6-7	ENG 101 & 102	ENG 1010 & 1020	ENG 1110 & 1120	ENG 161 & 162

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