



TRADITIONAL BSN PROGRAM APPLICATION ELIGIBILITY FORM

Please check the correct box and initial next to each item verifying your eligibility to apply to the Cal State LA Traditional BSN Program:

Yes **No** **Initials**

 _____ **Application**
This is the first and only time I have applied to the Traditional BSN program at Cal State LA.
If I am reapplying, I have uploaded documentation from the Patricia A. Chin School of Nursing allowing me to reapply.

 _____ **GPA**
My cumulative GPA is 3.25 or higher.

 _____ My prerequisite GPA is 3.25 or higher.

 _____ **Prerequisite Courses**
I have completed and received a grade of “B” or better in all of the following prerequisite courses:

- English/Accelerated College Writing
- Human Anatomy + Lab
- Chemistry + Lab
- Statistics

If lecture and lab are separate courses, they must average to a B or better.

 _____ I have completed and received a grade of “B” or better in all of the prerequisite courses **or** I am currently enrolled in these courses and will complete them with a grade of “B” or better by the end of the Spring semester following the PACSON application deadline:

- Physiology + Lab
- Microbiology + Lab
- Public Speaking or Oral Communication
- GE Area A3 Critical Thinking course

If lecture and lab are separate courses, they must average to a B or better.

 _____ I have not repeated any pre-requisite courses

Yes **No** **Initials**

TEAS Exam

 _____ I scored 70% or higher on each of the four TEAS subtest areas:

- Reading
- Math
- Science
- English

 _____ I have uploaded the TEAS score page (Individual Performance Profile)

Work Experience / Volunteer Hours (if applicable)

 _____ If I have work and/or volunteer experience, I have uploaded letter from my supervisor/agency with proof of my hours/employment and a description of my duties.

Military (if applicable)

 _____ If I am/have been a member of the military, I have uploaded documentation of my service.

By signing below, I certify that all of my responses to the items above are true, correct, and complete. I understand that I must check yes on **all** of the requirements listed above in order to be eligible to submit an application to the Traditional BSN Program at Cal State LA. **If I checked No on any one or more of the above items, I am not eligible to apply to the Traditional BSN Program and will not submit an application.** I understand that providing false information or omitting required information may result in the disqualification of my application.

Applicant Signature

Date