

Department of Nursing

PL-BSN PROGRAM

Post-Bac Application

Term Applying For:	_				
Name:					
Address:	_City:		State:	Zip:	
Phone (Primary):	Cell	Home	Other		
Phone (Secondary):	Cell	Home	Other		
Personal Email:					
Have you applied to CSUSB Nursing Departm	ent before?	? Yes No	o If yes, whe	n?	
Have you graduated from an ADN program?	Yes N	lo If yes, wha	at college?		
GPA in ADN Program:	G	raduation Date:	:		
Employer:	U	nit:			
BA/BS degree:	C	ollege:			
MA/MS degree:	C	ollege:			
Do you have an RN (Registered Nurse) license	? RN Lice	nse#	Ex	0	

PREREQUISITE COURSES COMPLETED OR CURRENTLY IN PROGRESS

		Units	Grade	Term/Year	Name of University	Course Name
Α.	ENG 1070 (First Yr. Comp)					
В.	COMM 1006 (Oral Comm)					
C.	SOC 1800 (Critical Thinking)					
D.	MATH 1201 (Statistics)					



Department of Nursing

	Units	Grade	Term/Year	Name of University	Course Name
E. BIOL 2200 (Microbiology)					
F. BIOL 2230 (Anat & Phys I)					
G. BIOL 2240 (Anat & Phys II)					
H. CHEM 2070 (General Chem)					

Signature: _____ Date: _____

Department Use Only					
Pre-Evaluation		Admitted for PL-BSN			
Meets PL-BSN Requirements		Yes			
Does Not Meet PL-BSN Requirements		No			
Meets CSUSB R	lequirements				
Does Not Meet CSUSB Requirements		Term			
Initials	Date	Initials	Date		

Please provide this additional information:

Name:

Email:

County of Residence (Example: San Bernardino County, Riverside County, etc:

Campus Preference (please select one):

- ____ San Bernardino Campus only
- ____ Palm Desert Campus only
- Both San Bernardino Campus 1st choice
- Both Palm Desert Campus 1st choice

Have you attended a required information session:

__ Yes , Date attended: _____ __ No

Are you an LVN	:
Yes	
No	

Are you a military veteran: __ Yes __ No

If bilingual, please also attach your proof (please visit our website for the acceptable documentations for proof of bilingual proficiency)

https://www.csusb.edu/nursing/prospective-students/don-bsn-admissions/bsn-post-bac-applicants