Patricia A. Chin
School of Nursing

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 8 of the prerequisite courses:

- English/Accelerated College Writing
- Human Anatomy + Lab
- Chemistry + Lab
- Statistics
- 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***	
☐	☐	_____	I have not withdrawn from any pre-requisite courses, or I have an approved withdrawal appeal that I will upload to my application.
☐	☐	_____	**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