



See instructions for completion of this application.

*For Office Use*

**PART I. PROGRAM CHOICE AND DEMOGRAPHIC INFORMATION**

**A. Please indicate which one of the following programs you are applying to.**

Select a box:

- BSN
- Sequoia Hospital/SFSU BSN at Cañada College (BSN Cohort at Sequoia)  
Previous baccalaureate degree?
- Advanced Placement Option (APO) BSN
- Generic MSN
- RN-MSN (including FNP emphasis)
- RN-MSN Cohort at Stanford
- Family Nurse Practitioner (FNP) *Certificate Only*

**B. Are you a California resident?**

- Yes
- No

**C. SF State Student Status**

- Current SF State student
- Transfer student

**D. Last Name** \_\_\_\_\_

**E. First Name** \_\_\_\_\_

**F. Middle Initial/Name (optional)** \_\_\_\_\_

**G. Other Names** \_\_\_\_\_

**H. SF State ID #** \_\_\_\_\_

**I. Demographic Information (optional)**

**I1. Gender:**

**I2. Ethnicity:**

**J. Mailing Address** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**K. Email Address** \_\_\_\_\_

**L. Phone Number** \_\_\_\_\_

**PART II. PREREQUISITE COURSEWORK**

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Prerequisites	Course # and title	Semester	School	Units	Lecture Grade	Lab Grade	Total Pts. **	Prerequisite GPA
A. Anatomy w/ Lab								Total Prerequisite courses GPA = (Total All Prerequisite points. Divide by the total prerequisite units)
B. Physiology w/ Lab								
C. Chemistry w/ Lab								
D. Microbiology w/ Lab								
E. English Composition								
F. Oral Comm./Speech								
G. Critical Thinking								
H. Statistics								
I. Nutrition (APO only)								
J. General Psychology (APO only)								
			TOTALS	K			L	
								M

**PART III. SUPPLEMENTAL SECTION AND ADDITIONAL MATERIALS**

A. Health-related work or volunteer experience. (BSN & BSN Cohort at Sequoia only. Verification must be included.)

- Yes
- No

B. Multi-cultural community experience. (BSN & BSN Cohort at Sequoia only. Verification must be included.)

- Yes
- No

C. Bilingual or Multi-linguistic fluency. (BSN & BSN Cohort at Sequoia only. Self reported.)

- Yes Specify language(s) \_\_\_\_\_
- No

D. Live and work in the Sequoia Healthcare District for at least two years. (BSN Cohort at Sequoia only.)

- Yes (Verification must be included)
- No

E. Completed at least half the prerequisite units within San Mateo Community College District. (BSN Cohort at Sequoia only.)

- Yes
- No

F. Letter of intent for Sequoia Hospital - please see the last page of the instructions. (BSN Cohort at Sequoia only.)

G. RN license obtained. (APO only)

- Yes (A copy must be included.)
- No A RN license is required for this program. When will you receive your RN license? \_\_\_\_\_

I hereby certify that all the information I have submitted in this application and in support of my candidacy for admission to the San Francisco State University School of Nursing is complete and true to the best of my knowledge and belief. I understand that knowingly providing false, incomplete or misleading information may be grounds for denial of admission or, if discovered after an offer of admission has been made, for withdrawal of the offer of admission or dismissal from the School of Nursing and San Francisco State University.

Signature \_\_\_\_\_

Date \_\_\_\_\_