School of Nursing
Nursing Graduate Program Application
Colorado State University–Pueblo
2200 Bonforte Blvd.
Pueblo, CO 81001

Admission year: Fall of _____.

All graduate programs with a major in nursing admit once a year. The application window for both the School of Nursing (SON) and the Office of Admissions for each fall semester is September 1st through April 15th. This application must be returned to the SON's Graduate Office no later than April 15th of the year listed above to be considered for that year's program admission. All students must apply and be accepted to Colorado State University-Pueblo (CSU-Pueblo) Graduate School as well as to the SON to be fully accepted into the program. In addition to this application, please complete and submit an Application for Graduate Admission to the Office of Admissions.

1. Emphasis Applying for:

- ☐ Adult/Gerontology Acute Care Nurse Practitioner
- ☐ Adult/Gerontology Acute Care/Family Nurse Practitioner
- ☐ Psychiatric-Mental Health Nurse Practitioner
- ☐ Nurse Educator
- ☐ Post Graduate Certification (also select preferred emphasis above)
- ☐ Guest (Non-Degree Student)

**If at any time a program does not have enough applicants to fill a cohort, it will be postponed until a full cohort can be achieved.*

2. Student Information:

NAME:				
	LAST	**FIRST**	**MI**	**MAIDEN**
MAILING ADDRESS:				
	STREET	**CITY**	**STATE**	**ZIP**
PERMANENT ADDRESS				
	STREET	**CITY**	**STATE**	**ZIP**

HOME PHONE NUMBER		**CELL PHONE NUMBER**	
CSU-PUEBLO PID NUMBER:		**E-MAIL ADDRESS:**	

GENDER	☐ **MALE** ☐ **FEMALE** ☐ **OTHER**	**DATE OF BIRTH:**			
			MONTH	**DATE**	**YEAR**
AGE:		**MARITAL STATUS:**	☐ **SINGLE** ☐ **WIDOW(ER)**	☐ **MARRIED** ☐ **DIVORCED**	
ETHNICITY:	☐ **BLACK/AFRICAN AMERICAN** ☐ **HISPANIC, CHICANO (A)**	☐ **CAUCASIAN/WHITE** ☐ **ASIA/PACIFIC**	☐ **OTHER**		

NON-DISCRIMINATION POLICY:

CSU-Pueblo does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission or treatment of employment in their educational programs or activities. Inquiries concerning Title VI, Title IX and Section 504 may be referred to the affirmative action officer at CSU-Pueblo.

3. Transfer Student from another Graduate Program: ☐ YES ☐ NO

If yes, from which program: _____

(Please attach unofficial transcripts for SON use.)

4. **CSU-Pueblo School of Nursing seeks to ensure equality of educational opportunity and to make our programs and services fair and useful to all students. The following information will be used for statistical purposes only:**
   Will you receive Financial Aid? □ YES □ NO

5. **List all post-secondary institutions you have attended or are currently attending, including CSU-Pueblo.** ***Failure to list all colleges and universities may lead to rejection of application.*** *If more space is needed to list all institutions, please provide a separate sheet that completes the list.*

Name of Institution	Dates Attended	Degree Awarded
		BS in Nursing/ BSN

Was the BSN Program ACEN/CCNE Accredited: □ YES □ NO
(Student must be a graduate from BSN program to apply for the MS program)

6. **RN License (including any advanced practice licenses)**
   Licensed in which State(s): _____ Exp Date: _____
   _____ Exp Date: _____
   _____ Exp Date: _____

7. **Professional Certifications: □ YES □ NO**
   If yes, list Professional Certifications

Professional Certifications	Renewal/Expiration Date

8. **Employment: □ YES □ NO**
   If yes please check the following that apply:

Position:	Area of Practice	Length of Time
□ Staff Nurse	□ Medical / Surgical Unit	
□ Management (administrator/supervisor)	□ ICU / CCU / NICU	
□ Clinical Nurse Specialist	□ ER	
□ Nurse Practitioner	□ Oncology	
□ Other	□ Mental Health/Psychiatric	

Area of Employment	Length of Time	Area of Employment	Length of Time
□ Hospital		□ Pediatrics	
□ Long term care facility		□ Community Health	
□ Home Health		□ Clinic/Office	
□ Occupational Nursing		□ Gerontology	
□ School Nursing		□ Education	
□ Other		□ Obstetrics/Nursery	

9. **The Graduate Nursing Program Admission Requirements Check List MUST be completed for full admission status. (See next page.)**

Graduate Nursing Program Admissions Requirements Check List

Admission to the CSU–Pueblo Graduate Nursing Program is a selective process. Prospective students will be required to meet the following minimum requirements for the CSU-Pueblo Application for Graduate Admission and the Nursing Graduate Program Application:

- ☐ Admission to CSU–Pueblo. Please see current university catalog.
  - Submit a completed CSU-Pueblo "Application for Graduate Admission" to the Office of Admissions.
  - **Submit all official transcripts from every university or college attended to the Office of Admissions.**
  - For international students whose native language is not English, a minimum score of 550 on the Test of English as a Foreign Language (TOEFL) paper-based exam, a minimum score of 213 on the TOEFL computer-based exam, a minimum score of 79-80 on the TOEFL internet- based (iBT) exam, or a minimum band score of 6.0 on the international English Language testing System (IELTS) test is required for admission into the Master of Science with a major in Nursing program. Students who complete an undergraduate degree at an institution in the United State are exempt from this requirement.
- ☐ Submission of SON Graduate Application to the SON's Graduate Office no later than April 15th at 5:00 pm. Notification of acceptance status will be sent via mail within the first two weeks of May.
- ☐ Completion of the requirements listed with CastleBranch including a student immunization tracker, drug screen, and background check. These requirements are to be completed during the application process, prior to the SON deadline. **Failure to complete all requirements can result in non-acceptance to the program.** Graduate instructions are found on our nursing website.
  - *A background check and drug screen will be required before entering the program. A yearly follow-up of both will be required for the remainder of the program at the student's expense. Any additional drug screens, background checks, or other requirements requested by the facility or clinical site will also be at the student's expense.*
  - *All requirements listed in CastleBranch must remain up to date throughout the entirety of the program.*

I believe the above information is accurate and complete, and I give CSU-Pueblo permission to contact all previously attended institutions for information regarding academic and/or disciplinary records.

_____ _____

Signature of Applicant **Date**