

Pacific Lutheran University - School of Nursing
Bachelor of Science in Nursing Program Application for Admission 2014-15

Application Checklist

This page is provided for your convenience and should not be submitted with the BSN application materials.

APPLY FOR UNDERGRADUATE ADMISSION TO PACIFIC LUTHERAN UNIVERSITY

- Current PLU students:** note that you are a current student on the application (in *Academic Information*).
- Transfer students** must submit a separate undergraduate application to the PLU Office of Admission.
 - It is recommended that PLU applications be submitted **well in advance** of the BSN application priority deadline (i.e., one to two months prior). Applying to PLU early helps ensure that the PLU admissions process is completed by the time BSN applications are reviewed. All applicants must be formally admitted to PLU before they can be considered for admission to the nursing program.
 - The undergraduate PLU application may be submitted online (free) or by mail (\$40). See plu.edu/admission or contact PLU's Office of Admission (253.535.7151, admission@plu.edu).

High School Seniors: This application is only for students who have completed or are currently enrolled in a 1- or 2-year college-level pre-nursing and general studies curriculum. Admission is highly competitive. To find out more about entry options into the nursing program for high school seniors, contact PLU's Office of Admission (253.535.7151, admission@plu.edu).

SUBMIT BSN APPLICATION MATERIALS TO THE SCHOOL OF NURSING

All applicants to the School of Nursing (PLU students and transfer students) must submit the following items in order to be considered for admission:

- All BSN Application pages:** Applicants to the Basic BSN program should complete page 8, but not page 9; applicants to the LPN to BSN program complete page 9, but not page 8.
- Unofficial Transcripts:** Include unofficial transcripts from **each** college/university you have attended (other than PLU). All transcripts must be in English; any transcripts from foreign universities must be fully evaluated (course by course) for US equivalency.
- Copy of official high school transcript.**
- Washington State Patrol Disclosure Affidavit, Request for Conviction Criminal History Record, and Fee:** Non-refundable fee of \$15⁰⁰ in the form of a cashier's check or money order; do NOT send personal checks or cash.
- Nursing Essays (2):** All applicants complete two essay questions.
- ESL/International applicants: Official TOEFL-iBT scores** --See English Proficiency Policy and Procedures, attached.
- Two (2) Recommendation Forms:** Each recommendation must be submitted in an envelope that has been signed and sealed by the person writing the reference. Unsealed recommendations submitted by applicants are invalid.
- Mail all application materials items directly to:** School of Nursing
Pacific Lutheran University
Attn: BSN Admissions
Tacoma, WA 98447-0029

DEADLINES AND NOTIFICATIONS

Priority Deadline: February 1, 2014

For consideration of admission to Fall 2014 and Spring 2015 semesters only

Those who apply by the priority deadline are normally notified of an admissions decision no later than the end of June. Qualified candidates may be placed on a waitlist. Waitlisted applicants are notified in writing if space becomes available and they are offered admission to the BSN program. Waitlisted applicants are encouraged to submit updated transcripts and contact information to the School of Nursing.

Late Applications: Applications received and/or completed after the priority deadline are considered for admission on a rolling basis. Late applicants may be placed on a waitlist or offered admission if space is available.

Re-Applying: Nursing applications are not carried over from one academic year to the next. Any applicant who is not admitted in one academic year must submit a new nursing application to be considered for a subsequent academic year.

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MINIMUM CRITERIA FOR CONSIDERATION FOR ADMISSION

Applicants must be admitted to Pacific Lutheran University before consideration for admission to the School of Nursing. Admission to the School of Nursing is a selective process. Meeting minimum requirements *does not guarantee* admission. Admission to the university neither implies nor guarantees admission to the School of Nursing. Minimum criteria for admission to the Basic or LPN to BSN programs of study in the School of Nursing include:

1. Satisfactory completion or pending satisfactory completion of specified prerequisite courses at PLU, an accredited community college, or another accredited university.
2. For Basic BSN students, completion/pending completion of at least 30 semester credits (45 quarter credits) at the college level (sophomore class standing); for LPN students, completion/pending completion of at least 60 semester credits (90 quarter credits) at the college level (junior class standing).
3. Competitive grade point averages. (Because admission is competitive, the grade point averages for admitted students are usually significantly higher than the minimum criteria.) Grade criteria:
 - a. Minimum-PLU cumulative grade point average of 3.0 on a 4.0 scale. (For transfer students who matriculate to PLU and the School of Nursing simultaneously, the cumulative grade point average is determined by the Registrar's Office).
 - b. Minimum grade of 2.0 on a 4.0 scale in each nursing prerequisite and co-requisite course.
 - c. Minimum cumulative grade point average of 2.75 on a 4.0 scale in the prerequisite courses.
4. No more than one repeat of any single prerequisite or co-requisite course. Applicants who have repeated any college courses due to failure or have withdrawn from courses are considered less competitive.
5. Completion of the university math entrance requirement.
6. Physical and mental health with emotional stability sufficient to meet the demands of generalist nursing roles and to provide timely, safe patient care (see policy, attached).
7. Fluency in speaking, reading, writing, and comprehending university-level English (see policy, attached).
8. Civil, administrative, and criminal history clearance in all states as well as any other applicable territory or country.
9. Submission of all required application documents to the School of Nursing by the designated deadlines.

ADDITIONAL ADMISSION POLICIES, PROCEDURES, AND RECOMMENDATIONS

All materials submitted become the property of Pacific Lutheran University; please keep a copy for your records. All application materials submitted to and/or communications with PLU and/or the School of Nursing may be considered by the nursing admissions committee when making final determination of admission. Applicants are encouraged to waive the right to view letters of recommendation, as in our experience, recommenders are more likely to provide an honest, detailed, and strong recommendation if they believe the information is provided in confidence. If, however, you choose not to waive your right to view recommendations, please be aware that applicants may not review letters until the completion of the admission cycle, or roughly February 1, 2014, and that we do not provide copies of letters. Requests to review letters of recommendation for which you have not waived your right to view must be submitted in writing to the nursing admissions committee.

All nursing students at Pacific Lutheran University are expected to communicate effectively on their own behalf, with professionalism and courtesy, and to demonstrate the ability to make independent decisions and think critically. This expectation extends to the application process. Please provide accurate contact information and respond in a timely manner to communications from the School of Nursing. Applicants are expected to be capable of meeting all admission requirements and completing both the university and the School of Nursing applications without the need for excessive individual advisement or assistance. Information about our programs and the application process is available on our website (www.plu.edu), in this application, in the PLU catalog, and at regularly scheduled information sessions. If questions remain after reviewing all available information, you are encouraged to contact the School of Nursing. Lastly, the School of Nursing does not discuss individual applications or admissions decisions with third parties and generally views such communications as a hindrance to the establishment of good communication with the applicant. Of course, all reasonable accommodations will be made for applicants with disabilities.

We encourage applicants to review the minimum criteria for admission and to keep in mind that admission is competitive; consequently, meeting minimum admissions requirements does not guarantee admission. Historically, successful applicants far exceed the minimum criteria for admission. Please do not contact the School of Nursing to determine the rationale behind any individual admissions decision.

This page is provided for your convenience and should not be submitted with the BSN application materials.

This page is included for your information only. The remaining pages comprise the BSN application;. Submit all items to:
PLU School of Nursing, Attn: BSN Admissions, Tacoma, WA 98447

BIOGRAPHICAL INFORMATION

Name: _____ PLU ID: _____
Last First MI (if known)

Other names used: _____ SSN: _____
Previous last names, maiden name, etc.

Are you a U.S. Citizen? Yes No: Country of Citizenship: _____ Date of Birth: _____
MM / DD / YYYY

Is English your Native Language? Yes No: Native Language: _____ Sex: Female Male

Mailing Address: _____
Number & Street City State ZIP

Permanent Address: _____
Number & Street City State ZIP

Current Phone: _____ Cell/Other Phone: _____

E-mail Address: _____ Alternate E-mail: _____

APPLICANT INFORMATION

I am applying to the:

Basic Bachelor of Science in Nursing Program
 LPN-BSN Program

I want to be considered for admission to the following semester(s):

Fall 2014 or Spring 2015
 Only Spring 2015 Semester

I am also applying through the following program(s) (optional):

Navy MECF Green to Gold
 Army ROTC Vocational Rehab
 Other: _____

ACADEMIC INFORMATION

PLU Admissions Status*

- I am a currently enrolled in classes at Pacific Lutheran University.
 I have been formally admitted to Pacific Lutheran University, but have not yet taken courses at PLU.
 I have submitted an application for admission to PLU, but have not yet been formally admitted.
 I have not yet applied to Pacific Lutheran University.

* Applicants must be admitted to the University for the 2014-2015 academic year before they may be considered for admission to the BSN program/nursing major. If you have any questions regarding the status of PLU admission, please contact Admission at 253-535-7151.

Previous Schools Attended

Attach unofficial transcripts for each school. Applications will not be reviewed until all unofficial transcripts are received.

List ALL universities/colleges previously attended or currently attending (no exceptions), and any degrees. If still enrolled, indicate your anticipated leaving date. Attach additional pages if necessary.

Institution Name	City, State	From Mo/Yr	To Mo/Yr	Degree/Diploma Completed/Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Questions Relative to Educational Background

1. Will you be completing or have you completed a direct transfer associate (DTA) degree from a WA State community college? If so, where and when? _____ Yes No
2. Have you ever applied to the PLU School of Nursing? If so, when? _____ Yes No
3. Have you ever been denied admission to or dismissed from any PLU School of Nursing program? Yes No
4. Have you ever been dismissed from another college/school of nursing or nursing program? Yes No
5. Have you ever been dismissed from, placed on academic probation by, or subject to any other disciplinary or probationary sanction by any college or university? Yes No

If you answered 'YES' to questions 3, 4, or 5 above, you must submit a typed statement of explanation on a separate page. Include measures you have taken to strengthen your potential for academic and professional success.

6. Were you previously, or are you currently, enrolled in nursing courses and/or a nursing program? Yes No
 Name of the school/college/university: _____

If you answered 'YES' to question #6, additional documentation may be required to complete your application. Contact the School of

Nursing to request more information on the policy and procedures for students transferring from another nursing program.

Prerequisite Course Completion: Last name:	First Name:
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To expedite the admissions process, applicants must submit **unofficial transcripts** from each college and university attended, other than Pacific Lutheran University. Applicants are encouraged to maintain an up-to-date application by submitting (to the School of Nursing) updated unofficial transcripts for any non-PLU courses completed after submitting this application but prior to receiving a letter of decision.

To indicate where you have completed (or plan to complete) each prerequisite and co-requisite course, fill in the following chart in its entirety. If you do not state where and when you plan to complete the courses listed below, it will be assumed that you do not intend to complete the class, and may subsequently be considered ineligible or less competitive for admission. Please note: all **prerequisite** courses must be completed prior to enrollment in the nursing program (LPN applicants: please note that all courses listed below, with the exception of statistics, are prerequisites). **Science courses must be completed within the last six years and have on-site labs; online labs are not acceptable.**

	Prerequisite / Co-Requisite Course Requirement	College/University where course was taken (NO TECHNICAL COLLEGES)	Course #	# of Credits	Term/Year Completed (or planned); i.e., Fall09	Grade (if completed)	If you have taken the course more than once, check here, and provide the indicated information. Include any courses from which you withdrew (grade of "W," Incomplete", etc.) **		
							✓	Grade	When/Institution of Repeated Course
Prerequisites	Chemistry of Life (Organic and Biochem) with on-site lab								
	Introduction to Psychology								
	Human Anatomy & Physiology I with on-site lab w/in 6 years								
	Human Anatomy & Physiology II with on-site lab w/in 6 years								
Co-Requisites	Introduction to Microbiology with on-site lab w/in 6 years								
	Development Across the Lifespan								
	Introductory Statistics								

** Please leave this section blank if you have no course repeats

Evaluation of Transfer Courses for Nursing Prerequisites:

Applicants are encouraged to review the School of Nursing 'Comparable Course Guide,' which shows courses at Washington state colleges and universities that fulfill nursing course requirements (available at plu.edu/nursing). Applicants must submit **both course descriptions and syllabi for prerequisite courses completed out of state.** The PLU Registrar evaluates all transcripts and is the only department that approves credits for transfer to Pacific Lutheran University. PLU course descriptions are listed in the catalog (available online at plu.edu/print/catalog/).

NURSING ESSAY

Limit each essay to 250-350 words in length. Applicants who do not observe this word limit will be reviewed as less competitive within the application process. Responses should be on separate paper, typed, and double-spaced, with your name on all pages.

1. How do your personal values concur with the values and mission of the PLU School of Nursing?
2. Describe a situation when you experienced a conflict with another individual. How did you respond to this situation? What did you learn?

OPTIONAL: ADDITIONAL INFORMATION

Are there any special circumstances or additional information you would like the admissions committee to consider in relation to your nursing application?

- No
- Yes: If 'yes,' attach an explanation totaling no more than two (2) typed pages, as well as any supporting documentation you wish the committee to consider. Please include your name on all pages and attachments.

QUESTIONS RELATIVE TO LICENSURE

Full Legal Name: _____ PLU ID or SSN: _____
 Last First MI

Students are requested to answer the following questions, or similar questions, when they apply for RN licensure. Therefore, in fairness to applicants and for the protection of their clients, these questions are included in the application to the School of Nursing. Answering any of the questions in the affirmative does not exclude your application from being considered for admission. However, **full details must be furnished for each affirmative answer** (including copies of all judgments, decisions, orders, agreements and surrenders). Submit documentation via mail or email to: Admissions Coordinator, School of Nursing, Pacific Lutheran University, Tacoma, WA 98447 or nurs@plu.edu. The admissions committee or the dean may request additional information or an interview. An affirmative answer to any question relative to health may not exclude you from participation in the program, but it is essential to disclose any health conditions so that the school may determine whether that condition will affect your ability to meet legitimate program requirements.

1. Do you have a medical condition which in any way impairs or limits your ability to perform the duties required in the nursing program with reasonable skill and safety? Yes No
 "Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
 1a. If you answered "yes", please explain on a separate sheet whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with our without medications).
 1b. If you answered "yes", please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to meet the requirements of the nursing program with reasonable skill and safety? Yes No
 "Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning, and includes at least the past two years; "Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
3. Have you ever been diagnosed as having/have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? Yes No
4. Are you currently engaged in the illegal use of controlled substances? Yes No
 "Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning, and includes at least the past two years; "Illegal use of controlled substances" means the use of controlled substances obtained illegally, (e.g. heroin, cocaine), as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
5. Have you ever been convicted, entered a plea of guilty, nolo contendere, or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
 - a. the use or distribution of controlled substances or legend drugs? Yes No
 - b. a charge of a sex offense? Yes No
 - c. any other crime, other than minor traffic infractions? (Include driving under the influence and reckless driving). Yes No
6. Have you ever been found in any civil, administrative, or criminal proceeding to have:
 - a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? Yes No
 - b. committed any act involving moral turpitude, dishonesty or corruption? Yes No
 - c. violated any state or federal law or rule regulating the practice of a health care professional? Yes No
7. Have you ever been found in any proceeding to have violated state or federal law or rule regulating the practice of a health care profession? Yes No
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? Yes No
9. Have you ever been named in any civil suit or suffered any civil judgment of incompetence, negligence or malpractice in connection with the practice of a health care profession? Yes No

Additional Questions:

Have you been/are you currently employed or involved in a health-related career in the state of **Washington**? Yes No
 If 'yes', please describe, including your position title and the name of the hospital or agency: _____

Have you been/are you currently employed or involved in a health-related career in **another** state/country/territory? Yes No
 If 'yes', please describe, including your position title and the name of the hospital or agency: _____

 Applicant's Signature Date

For School of Nursing Use:
 Verified on: _____ by: _____

Approved by RAP (October 2005)



WASHINGTON STATE PATROL
 Identification and Criminal History Section
 PO Box 42633
 Olympia WA 98504-2633
 (360) 705-5100
<https://watch.wsp.wa.gov>

APPLICANT INSTRUCTIONS: Complete this form when requesting conviction criminal history record information from the identification and criminal history section.

1. Complete all areas in "Section A: Subject Information" only.
2. Attach **\$15.00 cashier's check or money order only (NO PERSONAL CHECKS)**, made payable to "PLU School of Nursing."
3. Submit form and fee to the School of Nursing.
4. The PLU School of Nursing will process the request with WSP on your behalf.

Washington State Patrol forms and/or criminal history reports received otherwise are considered invalid and cannot be accepted.

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Drivers Lic. Number/State _____ / _____

WSP USE ONLY

B REQUESTER INFORMATION: (Please type or print clearly)

DATE: ___/___/___ PLU School of Nursing - Senior Office Assistant
Mo. Day Yr. (print) Name/Title of Requester

PHONE No. (253) 535-7672 _____ Requester's Signature _____

REQUESTER'S ADDRESS: (type or clearly stamp address)
 Pacific Lutheran University
 Requesting Agency Senior Office Asst., Certification
 Name School of Nursing
 Address Tacoma, WA 98447-0029
City State ZIP Code

Right Thumb Print (Optional)

3000-240-569 (R 7/05)

WASHINGTON STATE PATROL DISCLOSURE AFFIDAVIT

QUESTIONS RELATIVE TO THE WASHINGTON STATE PATROL CRIMINAL HISTORY FORM

Have you ever been:

- 1. convicted of any crime against children or other persons? Yes No
- 2. convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? Yes No
- 3. found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor, or to have physically abused any minor? Yes No
- 4. found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes No
- 5. found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? Yes No
- 6. found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult? Yes No

I understand that the withholding of information, or giving false information to the questions above, in relation to RCW 43.43.830-.845, may make me ineligible for admission to the School of Nursing or, if admitted, subject to dismissal. With this in mind, I certify that the above statements are correct and complete and, if admitted, I agree to abide by all of the policies, rules and regulations of the School of Nursing. I further understand that from the time I file my application with the School of Nursing, it is my responsibility to know all the rules, requirements and exemptions from this degree program.

Printed Name:			
	Last	First	MI
Signature:			Date:

In order to be reviewed, the School of Nursing application must be accompanied by this signed and dated affidavit and a completed and signed Washington State Patrol Request for Criminal History Information form and attached fee (cashier's check/money order only).

Physical & Psychological Expectations of Nursing Students Preparing for Professional Practice

This page is included for the applicant's information only, and does not need to be submitted with application materials.

To be admitted to and progress in the Pacific Lutheran University School of Nursing, a student must be aware of and meet the requirements identified in the following description of work performance of practicing nursing professionals.

Title:	nursing student
Work Hours:	vary with shifts and setting and includes 12-hour shifts (plus travel to clinical sites throughout Puget Sound area)
Full/Part Time:	full and part-time students

General Responsibilities/Requirements: The nursing student is responsible for performing patient assessment, planning care delivery, performing nursing intervention and teaching patients, family members and communities about health and illness. Responsibilities include reviewing the patient's chart, assessing the patient's medical condition, complaints and concerns, assessing biopsychosocial and spiritual aspects of the patient's health, carrying out physician's orders, and determining appropriate treatment and medication. Direct care includes administering medications and completing nursing procedures such as catheterization, suctioning, dressing changes and responding to emergencies as they occur, as well as counseling, teaching and crisis intervention. The student also assists patients with meals, positioning, transporting and transferring in and out of bed, and walking. Information gathered about the patient is regularly and appropriately communicated to the health care team. The student also engages in community-based activities in which care to families, groups and target populations is delivered. This requires participation in agency and independent activities.

Machines, Tools, or Moving Equipment: The student uses a variety of medical supplies and equipment; e.g., stethoscope, blood pressure cuff, IV poles, tubing and pumps, portable monitoring units, needles, clamps and scissors, syringes, patient support bars, hospital beds, wheelchairs, etc.

Percent of Time Spent:	Required:
Sitting 10%	Occasional sitting possible when taking patient's history or recording on patient's chart.
Standing 50%	Standing and walking during the entire workday.
Walking 40%	

While Working the Student Must:	Required:	
	YES NO	
Twist	X	Occasional twisting while working around tables and chairs in a patient's room, as well as occasional stooping and/or bending to retrieve supplies from lower storage areas.
Stoop/bend	X	
Squat	X	
Kneel	X	
Crawl		X
Climb	X	Pushing and pulling various pieces of medical equipment on wheels as well as continuous grasping and handling of medical supplies, equipment, medications and items.
Push/pull	X	
Grasp/handling	X	
Reach over shoulders	X	Full range of motion.
Reach at waist	X	
Reach below waist	X	
Kneel	X	

While working the student must:	Required:	
	YES NO	
Lift to 10 lbs.	X	Continual lifting of medical supplies and equipment weighing up to 5 lbs.
Lift 11-20 lbs.	X	Occasional lifting of PCA Monitors & other equipment weighing up to 20 lbs.
Lift 21-50 lbs.	X	Occasional assistance in 2-person lifting of patients.
Lift over 50 lbs.	X	<i>Identifying specific weights lifted in a transfer is dependent upon the amount of assistance the patient is able to offer.</i>
	YES NO	
Carry to 10 lbs.	X	Continual carrying of medical supplies and equipment weighing up to 5 lbs.
Carry 11-20 lbs.	X	Occasional carrying of items weighing up to 20 lbs.
Carry 21-50 lbs.	X	
Carry over 50 lbs.		X (Carts are used to transport heavier items).

Personal Strengths: The student is expected to accept persons whose appearance, condition, behavior and values may be in conflict with his/her own. Nursing care, including all needed personal health services, must be carried out regardless of the patient's race, ethnicity, age, gender, religious preference or sexual orientation. In collaboration with other health team members, the student works toward the goal of easing the burden of physical and emotional pain of those assigned to his/her care. In order to assist others in regaining health, it is essential that the student maintains his/her own level of wellness.

Working Environment: There are many settings in which the nursing student gains experience, e.g., hospital, nursing home, public health and community agencies, home visits, schools and clinics. The most physically demanding may be in the hospital or nursing home setting where there is a nursing station with patient rooms in the surrounding area. The flooring often varies and students are expected to walk distances while monitoring patients' conditions. These busy environments require the ability to keep track of a large number of activities at a time.

Overall Requirements: Essential functions necessary to complete the program of study leading to a BSN degree at Pacific Lutheran University include the use of all the senses to gather information, e.g., observing color changes in the skin, hearing heart and lung sounds through a stethoscope, palpating pulses and feeling hot/cold skin. The program requires sufficient fine motor abilities to manipulate equipment in a safe and effective manner. The program requires the use of speech, reading and writing to communicate with clients, families, and other health care professionals. Patient care requires the ability to synthesize information from a variety of sources and apply it in making decisions regarding safe client care. The student always maintains a level of consciousness and alertness that ensures patient safety. The student has the emotional stability and flexibility to direct care functions, engage in therapeutic communications and counseling, and function effectively in situations of stress. This includes the capacity to function outside the personal comfort zone, placing clients' needs first. During each shift or clinical experience, the nursing student is assigned patient care, which includes medication administration and direct care functions. Assistance in lifting is usually available for items that are too heavy. The student can be relieved of emergency response duties, but must be prepared to administer emergency care if other personnel are not available. The student must notify the School of Nursing of any restrictions or modifications that may need to be considered. Students are not expected to participate directly in medical procedures that are in conflict with personal beliefs and values. Students are still obligated to learn the underlying principles and take care of clients before and after such procedures.

CURRICULUM SEQUENCE FOR BASIC BSN PROGRAM ONLY -- LPN APPLICANTS SEE PAGE 9

Undergraduate Curriculum: Basic Bachelor of Science in Nursing Program Sequence

The basic Bachelor of Science in Nursing (BSN) curriculum requires three (3) academic years or six (6) semesters to complete. Specific nursing prerequisite and co-requisite courses must be completed by the specified deadlines in order to enroll and progress in the nursing program. **Science courses require onsite labs completed within the past six years. NO TECHNICAL COLLEGE courses are approved as nursing prerequisites.**

Prerequisite Courses/Requirements:	Co-Requisite Courses:
<ul style="list-style-type: none"> ▪ Must be completed <i>prior</i> to enrollment in the nursing program. ▪ Minimum grade in each course of 'C'/2.0 or higher on 4.0 scale. ▪ Min. cumulative prerequisite GPA of 2.75 or higher on 4.0 scale. 	<ul style="list-style-type: none"> ▪ Minimum grade in each co-requisite of 'C'/2.0 or higher on a 4.0 scale. ▪ Must be completed by specific term in the program (see below).
<ol style="list-style-type: none"> 1. Fulfillment of the University Math Entrance Requirement 2. Introduction to Psychology (PSYC 101) 4 credits 3. Human Anatomy & Physiology I (BIOL 205) 4 credits + lab 4. Human Anatomy & Physiology II (BIOL 206) 4 credits + lab 5. Chemistry of Life (Organic & Biochem) (CHEM105) 4 credits + lab 	<ol style="list-style-type: none"> 1. Introduction to Microbiology (BIOL 201) 4 credits + lab Must be completed prior to the 2nd semester of the BSN program 2. Development Across the Life Span (PSYC 320) 4 credits Must be completed prior to the 2nd semester of the BSN program 3. Introductory Statistics (STAT 231) 4 credits Must be completed prior to enrollment in NURS 360 (4th semester)

All nursing courses are sequential; successful completion of all courses each semester is prerequisite to enrollment in courses in the following semester. All nursing courses must be completed with a minimum grade of 2.0/'C' to be successfully completed. To be awarded the BSN degree, all students must meet both nursing and university requirements (see the PLU Catalog). A minimum of 128 semester credit hours is required for the baccalaureate degree. The sequence of required nursing credits comprises 70 semester credit hours. Due to clinical site availability, any student may be required to take a nursing course in January or summer instead of fall or spring semesters.

1 st Year: First Semester - Sophomore I	NURS 220	Nursing Competencies I	4 semester credits
Second Semester - Sophomore II	NURS 260	Professional Foundations I	4 semester credits
	NURS 270	Health Assessment & Promotion	4 semester credits
	NURS 280	Pathological Human Processes	4 semester credits
2 nd Year: Third Semester - Junior I	NURS 320	Nursing Competencies II	4 semester credits
	NURS 330	Pharmacology & Therapeutic Modal.	4 semester credits
	NURS 340	Nursing Situations: Adult Health I	4 semester credits
	NURS 350	Nursing Situations: Mental Health	4 semester credits
Fourth Semester - Junior II	NURS 360	Nursing Research and Informatics	4 semester credits
	NURS 365	Culturally Congruent Health Care	4 semester credits
	NURS 370	Nursing Situations: Childbearing (OB)	4 semester credits
	NURS 380	Nursing Situations: Childrearing (Peds)	4 semester credits
3 rd Year: Fifth Semester - Senior I	NURS 420	Intro to Leadership & Resource Mgmt	4 semester credits
	NURS 430	Nursing Situations: Community Hlth	5 semester credits
	NURS 440	Nursing Situations: Adult Health II	4 semester credits
	NURS 441	Nursing Situations Seminar	1 semester credits
Sixth Semester - Senior II	NURS 460	Health Care Systems and Policy	2 semester credits
	NURS 480	Professional Foundations II	2 semester credits
	NURS 499	Capstone: Nursing Synthesis	6 semester credits

AFFIDAVIT OF UNDERSTANDING

I understand that withholding information requested on this application, or giving false information, may make me ineligible for admission to the School of Nursing, or subject to dismissal at a later date if admitted. With this in mind, I certify that all statements made in connection with this application for admission to the PLU School of Nursing are correct and complete. If admitted to the PLU School of Nursing, I agree to abide by all policies, rules and regulations of the PLU School of Nursing, including any changes made while I am enrolled. I further understand that from the time I file my application with the School of Nursing, it is my responsibility to know all the rules, requirements and exemptions from this degree program, including but not limited to the preceding undergraduate curriculum basic program sequence described above, and any and all addenda* attached to this application.

Applicant's Signature

Month/Day/Year

IN ORDER TO BE REVIEWED, THIS APPLICATION MUST BE SIGNED AND DATED

*** Addenda attached to this application:**

Washington State Patrol Disclosure Affidavit, Washington State Patrol Request For Criminal History Information, Recommendation for Admission forms (2), Policy Regarding English Proficiency, Physical and Psychological Expectations of Nursing Students Preparing For Professional Nursing Practice, application checklist, minimum criteria, additional application policies)

The School of Nursing at Pacific Lutheran University subscribes to the principles and laws of the State of Washington and the U.S. Federal Government pertaining to civil rights and equal opportunity, and considers for admission all applicants regardless of race, religion, age, color, creed, national or ethnic origin, gender, sexual orientation, marital status or disability.

CURRICULUM SEQUENCE FOR LPN TO BSN PROGRAM ONLY -- BSN APPLICANTS SEE PAGE 8

Undergraduate Curriculum: LPN to Bachelor of Science in Nursing (BSN) Program Sequence

The LPN-BSN curriculum requires a minimum of two and one half (2.5) academic years or five (5) semesters to complete. Specific nursing prerequisite and co-requisite courses must be completed by the specified deadlines in order to enroll and progress in the nursing program. **Science courses require onsite labs completed within the past six years. NO TECHNICAL COLLEGE courses are approved as nursing prerequisites.**

<p>Prerequisite Courses/Requirements:</p> <ul style="list-style-type: none"> ▪ Must be completed <i>prior</i> to enrollment in the nursing program. ▪ Minimum grade in each course of 'C'/2.0 or higher on 4.0 scale. ▪ Min. cumulative prerequisite GPA of 2.75 or higher on 4.0 scale. <p>-----</p> <ol style="list-style-type: none"> 1. Fulfillment of the University Math Entrance Requirement 2. Introduction to Psychology (PSYC 101) 4 credits 3. Human Anatomy & Physiology I (BIOL 205) 4 credits + lab 4. Human Anatomy & Physiology II (BIOL 206) 4 credits + lab 5. Chemistry of Life (Organic & Biochem) (CHEM105) 4 credits + lab 6. Introduction to Microbiology (BIOL 201) 4 credits + lab 7. Development Across the Life Span (PSYC 320) 4 credits 	<p>Co-Requisite Course:</p> <ul style="list-style-type: none"> ▪ Minimum grade of 'C'/2.0 or higher on a 4.0 scale. ▪ Must be completed by specific term in the program (see below). <p>-----</p> <p>Introductory Statistics (STAT 231) 4 credits Must be completed prior to enrollment in NURS 360 (3rd semester)</p>
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All nursing courses are sequential; successful completion of all courses each semester is prerequisite to enrollment in courses in the following semester. All nursing courses must be completed with a minimum grade of 2.0/'C' to be successfully completed. Courses marked with † may be waived based on demonstration of competency (courses are evaluated only after acceptance to the program). To be awarded the BSN degree, all students must meet both nursing and university requirements (see the PLU Catalog). A minimum of 128 semester credit hours is required for the baccalaureate degree. The sequence of required nursing credits comprises 66 semester credit hours. Due to clinical site availability, any student may be required to take a nursing course in January or Summer instead of Fall or Spring semesters.

1 st Year: First Semester - Sophomore II	NURS 260 Professional Foundations I NURS 270 Health Assessment & Promotion NURS 280 Pathological Human Processes	4 semester credits 4 semester credits 4 semester credits
Second Semester - Junior I	NURS 320† Nursing Competencies II NURS 330† Pharmacology & Therapeutic Modal. NURS 340† Nursing Situations: Adult Health I NURS 350† Nursing Situations: Mental Health	4 semester credits 4 semester credits 4 semester credits 4 semester credits
2 nd Year: Third Semester - Junior II	NURS 360 Nursing Research and Informatics NURS 365 Culturally Congruent Health Care NURS 370 Nursing Situations: Childbearing (OB) NURS 380 Nursing Situations: Childrearing (Peds)	4 semester credits 4 semester credits 4 semester credits 4 semester credits
Fourth Semester - Senior I	NURS 420 Intro to Leadership & Resource Mgmt NURS 430 Nursing Situations: Community Hlth NURS 440 Nursing Situations: Adult Health II NURS 441 Nursing Situations Seminar	4 semester credits 5 semester credits 4 semester credits 1 semester credits
3 rd Year: Fifth Semester - Senior II	NURS 460 Health Care Systems and Policy NURS 480 Professional Foundations II NURS 499 Capstone: Nursing Synthesis	2 semester credits 2 semester credits 6 semester credits

AFFIDAVIT OF UNDERSTANDING

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_____ Applicant's Signature	_____ Month/Day/Year
<p>IN ORDER TO BE REVIEWED, THIS APPLICATION MUST BE SIGNED AND DATED</p>	

*** Addenda attached to this application:**

Washington State Patrol Disclosure Affidavit, Washington State Patrol Request For Criminal History Information, Recommendation for Admission forms (2), Policy Regarding English Proficiency, Physical and Psychological Expectations of Nursing Students Preparing For Professional Nursing Practice, application checklist, minimum criteria, additional application policies)

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OPTIONAL SECTION - Demographic Information

Applicant responses to the following items will be used for statistical purposes only; completing this section is optional and very beneficial for the School of Nursing for scholarships, grants and surveys.

Name: _____ PLU ID / SSN: _____
Last First MI

Sex:

- Male Female

Race/Ethnicity:

- | | | |
|--|--|--------------------------|
| <input type="checkbox"/> Asian American (U.S. nationality) | <input type="checkbox"/> Native African | Country of Origin: _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Asian | _____ |
| <input type="checkbox"/> Hispanic American/Latino. Race: _____ | <input type="checkbox"/> Native European | _____ |
| <input type="checkbox"/> Multi-racial: _____ | <input type="checkbox"/> Native Pacific Islander | _____ |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Not Listed/Other: _____ | _____ |
| Tribal registration: _____ | | |
| <input type="checkbox"/> White/Caucasian American | | |

Marital Status:

- single married partnered divorced separated widowed

Religious Affiliation:

- | | | |
|---|---|---|
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Lutheran | <input type="checkbox"/> Non-denominational Christian |
| <input type="checkbox"/> Congregational/UCC | <input type="checkbox"/> Methodist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Episcopal | <input type="checkbox"/> Mormon/Church of Jesus Christ of Latter Day Saints | |

Economic Background: Are you from an economically disadvantaged background? Yes No

(income under \$30,000/year for a household of 1 or 2, or under \$35-50,000 for a household of 3-5)

Educational Background: Are you from an educationally disadvantaged background? Yes No

(first-generation college student, or your high school had low average SAT scores or a small percentage of students going to college)

Residential Background: urban rural (note county/state): _____

Military Status

Are you currently/were you previously involved in the military? No Yes (indicate current status & branch)

Branch: _____ Regular Reserves Retired

How did you hear about the PLU School of Nursing?

- | | |
|--|--|
| <input type="checkbox"/> school counselor/advisor | <input type="checkbox"/> college fair at: _____ |
| <input type="checkbox"/> friend/word of mouth | <input type="checkbox"/> continuing nursing education course flyer |
| <input type="checkbox"/> "allnursingschools.com" search engine | <input type="checkbox"/> college guide book |
| <input type="checkbox"/> general internet search | <input type="checkbox"/> newspaper advertisements |
| <input type="checkbox"/> PLU/school of nursing alum | <input type="checkbox"/> Other: _____ |
| alum's name: _____ | |

Did you attend a BSN information session at PLU hosted by a School of Nursing admissions coordinator? Yes No

If 'yes', please indicate when you came to a session (month/year): _____

REQUIRED SECTION – RECOMMENDATIONS

Two blank recommendation forms follow this page; each form is two pages in length. The recommendation form and any accompanying letter should be sent directly to the School of Nursing by the recommender, in a signed and sealed envelope, to the address indicated on the recommendation form. Unsealed recommendations submitted by applicants are not accepted.

Please note that at least one of your recommendations must come from a college level instructor whose course you completed.

This section to be completed by the applicant:

Name: _____ PLU ID / SSN: _____
 Last *First* *MI*

Name of 1st recommender: _____

Title/Position of 1st recommender: _____

Please describe how this person knows you. _____

How long have you known this recommender? _____

When did you or will you request this person to send the recommendation? _____
Indicate date

Name of 2nd recommender: _____

Title/Position of 2nd recommender: _____

Please describe how this person knows you. _____

How long have you known this recommender? _____

When did you or will you request this person to send the recommendation? _____
Indicate date

Communication with the School of Nursing

DO:

- Submit or postmark applications before the February 1 deadline; late applications are reviewed on a space-available basis
- Submit official TOEFL-iBT scores to the School of Nursing by the Feb. 1 deadline (applicants whose first language is not English)
- Complete your PLU application by Jan. 1 for admission to PLU prior to the Feb. 1 nursing application deadline (transfer students)
- Contact the School of Nursing at nurs@plu.edu if you have not received an email confirmation of receipt of your application within 10 business days of submitting your application
- Ask your references to send their recommendation directly to the School of Nursing in a sealed and signed envelope
- Send transcript and contact information updates during the ongoing decision process, and whenever requested
- Check your email regularly; you may be contacted by the admissions committee with questions or clarifications

To assist us in efficiently reviewing all completed nursing applications, **PLEASE DON'T** contact the School of Nursing about:

- receipt of your application until at least 10 business days after submitting your application
- receipt of separately-sent documents prior to submitting this main application form
- complications or concerns regarding your application to the university; these questions should be addressed to PLU Admissions
- final nursing admission decisions prior to the end of June

Applicant Records

Once submitted, this application becomes the property of the Pacific Lutheran University School of Nursing and will not be returned in whole or in part; we do not provide photocopies of the application or any other submitted materials. Please do not submit valuable original documents, such as diplomas, certificates, professional licenses, photos, etc., as they cannot be returned. All applicants forfeit the \$15 background check fee, including applicants who withdraw their applications prior to a final admission decision or do not complete an application in its entirety. The PLU School of Nursing makes every effort to keep all completed applications on file for two (2) years, but we are not responsible for lost or misplaced applications for those not admitted to the program. Persons who reapply to the program in the future may contact the School of Nursing regarding re-using elements of a previous application; however, in most cases, a full reapplication is required or strongly recommended. Contact the School of Nursing for further details about reapplying.

RECOMMENDATION FOR ADMISSION TO THE SCHOOL OF NURSING

*This form must be returned to the School of Nursing office in a sealed, signed envelope from the respondent.
 Unsealed recommendations received from the applicant are invalid and will not be considered.*

This section to be completed by the applicant:

Applicant Name: _____ PLU ID or Last 4 digits of SSN: _____
Last First MI

Other names used (if any): _____ Phone: _____

Under the Family Education Rights and Privacy Act of 1974, enrolled students have the right to review letters of recommendation filed for admission purposes, unless they have waived this right. Indicate whether you waive this right and sign the statement below.

Do you hereby waive your right to access to this form, any letter of recommendation submitted, or record of verbal comments given as an addendum to this form, for the sole purpose of consideration of my admission to the PLU School of Nursing?
 Yes, I waive. No, I do not waive my right of access to this recommendation form.

Applicant's Signature _____
Date

The remainder of this form is to be completed by the respondent/recommender:

Instructions: The above-named applicant has applied for admission to a baccalaureate nursing program, grounded in the sciences and liberal arts. We appreciate your answers and comments regarding this applicant's academic ability and personal characteristics, as detailed below and on the second page of this form. Include comments in the space provided; attach a letter if desired. Return the completed form and any attachments in a signed, sealed envelope **directly** to:

**School Of Nursing
 Attn: BSN Admissions
 Pacific Lutheran University
 Tacoma, WA 98447-0029**

Respondent Name: _____ Phone: _____
 Title/Position: _____ Email: _____

Mailing Address: _____
Street City State Zip

What is your relationship to the applicant? Instructor Academic Advisor Employer/Supervisor Other (specify): _____
Check all that apply.

How long have you known the applicant? _____

May we contact you for further clarification of your comments regarding this applicant? Yes No

Signature of Respondent: _____
Signature _____
Date

CLASSROOM/ACADEMIC SETTING:	Excellent (Top 5%)	Very Good (Top 10%)	Above Ave (Top 20%)	Average	Below Average	No basis for judgment
Able to learn/retain information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to apply and integrate new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn/apply concepts with others (collaboration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn/apply concepts independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding academic ability: _____

RELATIONAL QUALITIES:	Excellent (Top 5%)	Very Good (Top 10%)	Above Ave (Top 20%)	Average	Below Average	No basis for judgment
Able to work with a team to accomplish goals/tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to/respectful of differing opinions and lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to resolve conflict constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible; able to adjust well to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has well-developed stress management strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding relational qualities: _____

ETHICAL STANDARDS:

	I have no concerns/ reservations.	I have concerns/ reservations. (please describe below)	No basis for judgment
Is honest in academic and professional dealings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses and upholds personal standards of integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholds ethical standards when facing possible opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and respects issues of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is appropriate in behavior with clients/colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any circumstances in which the applicant showed noteworthy ethical conduct/integrity? Please explain:

Are you aware of any circumstances in which the applicant acted **contrary** to standards of ethical conduct/integrity? Explain:

PROFESSIONAL BEHAVIORS & WORK ETHIC:

	Excellent (Top 5%)	Very Good (Top 10%)	Above Ave. (Top 20%)	Average	Below Average	No basis for judgment
Carries goals/tasks to completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses sound judgment/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is open to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments regarding professional behaviors/work ethic:

Professional nursing is an applied science, requiring intellectual discipline, psychomotor skills, personal integrity and accountability, and emotional maturity. Based on this description of professional nursing, would you recommend this applicant for admission to a baccalaureate nursing program?

Yes, with no reservations.

Yes, with reservations (please explain):

No (please explain):

Please feel free to share any additional comments regarding the applicant. If desired, attach an additional page or letter.

Signature of Respondent: _____

Signature

_____ *Date*

RECOMMENDATION FOR ADMISSION TO THE SCHOOL OF NURSING

*This form must be returned to the School of Nursing office in a sealed, signed envelope from the respondent.
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- Yes, I waive. No, I do not waive my right of access to this recommendation form

 Applicant's Signature

 Date

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 Pacific Lutheran University
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Respondent Name: _____ Phone: _____
 Title/Position: _____ Email: _____
 Mailing Address: _____
Street City State Zip
 What is your relationship to the applicant? Instructor Academic Advisor Employer/Supervisor Other (specify): _____
Check all that apply.
 How long have you known the applicant? _____
 May we contact you for further clarification of your comments regarding this applicant? Yes No
 Signature of Respondent: _____
Signature Date

CLASSROOM/ACADEMIC SETTING:	Excellent (Top 5%)	Very Good (Top 10%)	Above Ave (Top 20%)	Average	Below Average	No basis for judgment
Able to learn/retain information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to apply and integrate new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn/apply concepts with others (collaboration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to learn/apply concepts independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments regarding academic ability: _____						

RELATIONAL QUALITIES:	Excellent (Top 5%)	Very Good (Top 10%)	Above Ave (Top 20%)	Average	Below Average	No basis for judgment
Able to work with a team to accomplish goals/tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to/respectful of differing opinions and lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to resolve conflict constructively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible; able to adjust well to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has well-developed stress management strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional comments regarding relational qualities: _____						

ETHICAL STANDARDS:

	I have no concerns/ reservations.	I have concerns/ reservations. (please describe below)	No basis for judgment
Is honest in academic and professional dealings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possesses and upholds personal standards of integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholds ethical standards when facing possible opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Uses sound judgment/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Yes, with no reservations.

Yes, with reservations (please explain):

No (please explain):

Please feel free to share any additional comments regarding the applicant. If desired, attach an additional page or letter.

Signature of Respondent: _____ <div style="text-align: center; margin-top: 5px;"><i>Signature</i></div>	_____ <div style="text-align: center; margin-top: 5px;"><i>Date</i></div>
--	--