



SCHOOL OF NURSING
8432 MAGNOLIA AVENUE, RIVERSIDE, CA 92504
TELEPHONE: (951) 343-4700 FAX: (951) 343-4703

App.# _____

Date Rec'd _____

APPLICATION FOR ADMISSION – FALL 2007

Office Use Only

FEE AMT _____
 CASH _____ CHECK _____ OTHER _____
 REC'D BY _____

PLEASE TYPE OR PRINT IN INK

PERSONAL DATA:

NAME IN FULL _____
 LAST FIRST MIDDLE

CBU ON CAMPUS MAILBOX NO.: _____ E-MAIL ADDRESS: _____

HOME ADDRESS _____
 HOUSE NUMBER AND NAME OF STREET OR PO BOX

CITY STATE ZIP () PHONE NUMBER

PRESENT ADDRESS IF NOT AT HOME _____
 HOUSE NUMBER AND NAME OF STREET OR PO BOX

CITY STATE ZIP () PHONE NUMBER

OPTIONAL FOR ADMISSION

PICTURE

(HEAD AND SHOULDERS)

(MUST BE SUBMITTED BEFORE ENTRY INTO THE PROGRAM)

PERSONAL DATA: SOCIAL SECURITY NUMBER _____

BIRTHPLACE _____ AGE _____ SEX _____ CITIZENSHIP _____ RACE OR ETHNIC BACKGROUND _____

PRIMARY LANGUAGE SPOKEN _____ ESL: YES _____ NO _____

MARITAL STATUS: SINGLE _____ SEPARATED _____ MARRIED _____ DIVORCED _____ WIDOWED _____ # OF DEPENDENTS _____

PHYSICAL DATA: HEIGHT _____ WEIGHT _____ EYESIGHT _____ HEARING _____ RATE YOUR GENERAL HEALTH _____

CIRCLE ANY OF THE FOLLOWING PROBLEMS, PAST OR PRESENT, AND ATTACH A SHEET WITH COMMENTS:

(Admissions priorities are not affected by these. However, CBU must comply with Americans with Disabilities Act.)

- | | | | | | |
|----------------------|---------------------|---------------------|---------------------|-----------------|--|
| CHRONIC ILLNESS | PHYSICAL DISABILITY | LEARNING DISABILITY | PSYCHIATRIC HISTORY | EATING DISORDER | ORTHOPEDIC PROBLEM (NECK, BACK, KNEES, JOINTS) |
| MEDICATION/ DRUG USE | MENSTRUAL PROBLEM | ALLERGIES | SEIZURES | DIABETES | MIGRAINE RESPIRATORY/ASTHMA |

OTHER _____

I AM APPLYING AS A (CHECK ONE):

CURRENTLY ENROLLED CBU STUDENT _____ TRANSFER STUDENT: PRE NURSING _____ LVN/LPN _____ RN _____

HAVE YOU EVER BEEN A STUDENT IN ANY SCHOOL OF NURSING? NO _____ YES _____ If yes, answer the following:

NAME OF SCHOOL _____ DATE OF ENTRANCE _____ DATE OF LEAVING _____

COMPLETE ADDRESS OF SCHOOL _____

REASON FOR LEAVING _____

EDUCATIONAL BACKGROUND: Give high school from which you graduated and list in chronological order all schools attended subsequently, including CBU, if applicable.

_____ HIGH SCHOOL _____ LOCATION _____ YEAR _____

_____ COLLEGE OR UNIVERSITY _____ LOCATION _____ YEAR _____ DEGREE EARNED _____

(Please list additional schools on a separate sheet.)

(OVER)

ACTIVITY RECORD: (Honors, awards, offices, scholarship; high school or college)

Three horizontal lines for activity record.

EMPLOYMENT BACKGROUND: State below, in chronological order, any work experience you have had including part-time, volunteer, nurse's aid, "candy striper," etc. (need not be health care related). Attach an additional sheet if necessary.

Table with 5 columns: EMPLOYER, KIND OF WORK, FROM (DATE), TO (DATE), HOURS/WEEK. Three rows for employment history.

REFERENCES: Give names of at least three persons qualified to provide references. (Do not include a relative.)

1. PERSONAL: NAME, POSITION, INSTITUTION AND ADDRESS

2. ACADEMIC: NAME, POSITION, INSTITUTION AND ADDRESS

3. EMPLOYER: (Someone who has supervised you in work, volunteer, or service experience.) NAME, POSITION, INSTITUTION AND ADDRESS

Please ask two of the above people (one should be an employer, if possible) to send the reference forms provided with this application directly to the School of Nursing, California Baptist University, 8432 Magnolia Avenue, Riverside, CA 92504. (It is considered a courtesy to provide a pre-addressed, stamped envelope for the reply.)

BIOGRAPHICAL SKETCH: Please write a personal biography discussing significant events and influences which have affected your approach to life. In addition, please include responses to the following question: State why you wish to enter the nursing program. The paper should be 3-4 typed double-spaced pages.

THE INFORMATION GIVEN ON THIS FORM IS ACCURATE AND COMPLETE AND I RECEIVED A COPY OF THE CALIFORNIA BAPTIST UNIVERSITY HONOR CODE.

SIGNATURE OF APPLICANT / DATE

YOUR COMMENTS (Optional):

(FAILURE TO PROVIDE TRUTHFUL INFORMATION MAY RESULT IN DISMISSAL FROM THE PROGRAM.)



California Baptist University
 Attn: Dean, School of Nursing
 8432 Magnolia Avenue
 Riverside, CA 92504

AUTHORIZATION AND RELEASE

I, _____, born in _____,
 (Applicant's Full Name) (City/state/country)

hereby give my consent to the School of Nursing at California Baptist University to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties, as, in the sole discretion of the School of Nursing, is necessary to such investigation. I further authorize the use of any such information in the course of the school's investigation and evaluation of my moral character and fitness.

I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including but not limited to public or private disciplinary records, criminal history record information, medical or psychological records), or other data pertaining to me, to reveal, furnish and release to the School of Nursing at California Baptist University, or any of its agents or representatives, any such opinions, knowledge, information, documents, records or other data. Without limiting the previously described authority, I specifically authorize the release of files of any association, grievance, or other committee regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, as well as all undergraduate, graduate, or school records relating to my admission to and conduct during my enrollment in such schools.

I hereby release, discharge and hold harmless the School of Nursing at California Baptist University, its agents or representatives (including but not limited to expert witnesses or evaluators consulted or used by the school or its staff in the course of its investigation), and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and use of such opinions, knowledge, documents, records or other data.

Notwithstanding any statement herein to the contrary, this Authorization and Release shall operate to agree to the release of only those mental health records relating to the following:

- a) my being diagnosed with bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and any treatment therefore, within the ten (10) years immediately proceeding the filing of my Application with the School of Nursing at California Baptist University; and
- b) my admission to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, since attaining the age of eighteen or within the ten (10) years immediately preceding the filing of my Application, whichever period is shorter.

This limitation, however, does not apply to records relating to chemical dependency nor to any records relating to a disability for which I am seeking or intend to seek nonstandard testing accommodations.

 Signature of Applicant

STATE OF _____ on _____ before me, _____
 Date Name, Title of Notary Public

COUNTY OF _____ personally appeared _____
 Name of Signer

[] personally known to me – OR – [] proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. OFFICIAL SEAL

WITNESS my hand and official seal.



Health Status

Within six months prior to admission to sophomore nursing courses, students must provide evidence that they are physically and emotionally able to perform the duties required. A physical examination by a physician or nurse practitioner with information completed on a form provided by the School of Nursing is necessary. The examination includes current immunizations and tests required by the School of Nursing. Forms are available to students after the student has been admitted into the baccalaureate nursing program.

An annual physical examination and tuberculin skin testing must be performed and results submitted before beginning junior and senior level nursing courses.

Other Provisions

- Clinical facilities and agencies have a wide geographical distribution. Students are responsible for providing their own transportation to clinical facilities. Student car pools may or may not be possible; however, some clinical facilities may require that the student have access to an individual car. A valid California driver's license and proof of auto insurance is required.
- A differentiated tuition plan is required for liability insurance, testing, and other fees.
- Students are required to purchase uniforms, student arm patches, name tags, watch with a second hand, stethoscope, and other equipment as necessary. A list will be provided to the student.
- Students should be aware that the BSN program is a full four years in length. Those with transfer credits will need three years of nursing courses to complete the degree.
- A current American Heart Association Basic Life Support (BLS) for healthcare provider certification is mandatory for all nursing students.

Transfer Students

- All courses accepted in transfer from another university must be equivalent in content and in credit. Students who complete pre-nursing courses from California Baptist University will be given priority for selection into the baccalaureate nursing program.
- Students with previous preparation in nursing are admitted into the program as space is available providing requirements are met for admission to the University and to the School of Nursing. Academic placement is determined on an individual basis through transcript evaluation. Excelsior College Exams in nursing theory and a challenge procedure for clinical courses is required. Further information is available from the School of Nursing upon request.



RE: (NAME OF STUDENT) _____

SSN: _____ D.O.B. _____

DATE: _____

The individual named above has begun the application process for admission to the School of Nursing and has stated that (s)he attended your institution during the dates shown above. One requirement for admission to the School of Nursing is a finding of good moral character and fitness. Please assist us in our character and fitness investigation of this individual by responding to the following inquiries.

	Circle one	
	YES	NO
1. Are you aware of any incident in which the individual names above violated any law or statute?	YES	NO
2. Has (s)he been disciplined by your institution for violating any disciplinary/honor/ethics code? If so, please provide details, legible copies of all relevant documents, and a copy of the violated disciplinary/honor/ethics code for each incident.	YES	NO
3. Are you aware of any incident or circumstance wherein (s)he exhibited dishonesty or breached a duty of trust?	YES	NO
4. Do you have any reason to believe that (s)he has been involved in the use of illegal substances or the abuse or excessive use of alcohol?	YES	NO
5. Using a separate sheet of paper , please explain any "YES" responses and comment on anything in this individual's background that would cause you to question his/her honesty or trustworthiness or to believe that this individual would be likely to harm a client if licensed as a registered nurse in the state of California.	YES	NO

Information provided by:

Printed Name: _____ Signature: _____

Title: _____ Telephone: () _____ Date: _____

PLEASE RETURN YOUR RESPONSE TO:

Dean, School Of Nursing
 California Baptist University
 8432 Magnolia Avenue
 Riverside, CA 92504



I understand that Federal law provides me, after enrollment, with a right of access under certain circumstances to this Statement of Dean of Students or Comparable Administrative Official and that no school may require me to waive this right.

I hereby waive do not waive my right of access to this Statement of Dean of Students or Comparable Administrative Official.

Date _____ Signature _____ Social Security No. _____

FORM B: STATEMENT OF CURRENT UNDERGRADUATE DEAN OF STUDENTS OR COMPARABLE ADMINISTRATIVE OFFICIAL

Note: Please print in ink.

PLEASE BE ADVISED that _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME)

is an applicant for admission to the School of Nursing at California Baptist University. Each year the number of applicants to the School far exceeds the number that can be accepted. You will greatly assist this applicant and the School by providing specific and candid answers to this inquiry. This form is being given only to your college; however; if your records reveal any useful information about the applicant's career at institutions attended previously, the School will appreciate receiving that information as well.

The information you provide will be treated as confidential except that the applicant may elect to retain the right of access (see waiver above). Prompt completion of this form will be appreciated by both the applicant and the School, for the application cannot be acted on until this form is received from you. Thank you for your cooperation.

REQUIRED INFORMATION:

1 Is the applicant currently in attendance at your school? _____ If so, is the applicant in good standing? If not in good standing, please explain.

2 Has the applicant been the subject of disciplinary action or proceedings (for misconduct) or of academic censure (for deficient scholarship)? _____ If so, please explain.

ADDITIONAL INFORMATION:

We recognize that more often than not, administrative officials do not know students personally and must answer the required information largely on the basis of their records. Room is provided for those who are acquainted with the applicant and wish to provide specific information as to scholastic honors, extracurricular activities, outside employment, etc. If available, please supply us with the applicant's cumulative academic rank in class. (Please use the reverse side, if this space is insufficient.)

Signature _____ Date _____
 Name (please print) _____
 Title _____
 Institution _____
 Address _____

PLEASE SEND THIS FORM DIRECTLY TO:
 Dean, School of Nursing, California Baptist University, 8432 Magnolia Avenue, Riverside, CA 92504

HONOR CODE

Members of the California Baptist University campus community are expected to act in academic matters with the utmost honesty and integrity. Academic matter shall be defined as any activity that may affect a grade or in any way contribute toward the satisfaction of the requirements for graduation without reference to the focus of such activity.

Academic work is evaluated on the assumption that the work presented is the student's own, unless designated otherwise. Plagiarism, cheating, and other forms of academic dishonesty or facilitating any such act are violations of the Honor Code and are not acceptable conduct at California Baptist University. Violations of the Honor Code include, but are not limited to, the following:

1. use of any unauthorized assistance in taking quizzes, test, or examinations;
2. looking at or copying another student's test or quiz answers;
3. taking a test or quiz in part or in whole to use or to give others;
4. providing any unauthorized assistance or aid to others in writing papers, taking quizzes, tests, or examinations;
5. dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;
6. working with others on projects that are meant to be done individually;
7. the acquisition, without permission, of tests or other academic material before such material is revealed or distributed by the instructor;
8. invading or attempting to invade the administrative security maintained for the preparation and storage of quizzes, tests, and/or examinations;
9. the misrepresentation of papers, reports, assignments, or other materials as the product of a student's sole independent effort, for the purpose of affecting the student's grade, credit, or status in the University;
10. copying information from a source without proper attribution;
11. taking papers from other students, publications, or the Internet;
12. failing to abide by the instructions of the proctor concerning test-taking procedures and/or engaging in behavior one knows or should reasonably know that one would, by such conduct, obtain an unfair academic advantage; examples include, but are not limited to, talking, laughing, failing to take a seat assignment, failing to adhere to starting and stopping times, or other disruptive activity;
13. offering for course credit one's own work, but work that one has previously offered for course credit in another course (unless permission to do so has been secured from the instructor in whose course the work is being offered, prior to submission);
14. influencing, or attempting to influence, any University official, faculty, member, graduate student, or employee responsible for processing grades, evaluating students, or maintaining academic records, through the use of bribery, threats, forgery of authorization, or any other means of coercion in order to affect a student's grade or evaluation;
15. any forgery, alteration, unauthorized possession, or misuse of University documents pertaining to academic records, including, but not limited to, late or retroactive change of course application forms (otherwise known as "add/drop forms") and late or retroactive withdrawal application forms. Alteration includes, but is not limited to, misuse of University documents pertaining to academic records by means of computer resources or other equipment;
16. witnessing conduct which one knows or should reasonably know is dishonorable and failing to report it within one semester of the occurrence to either the faculty member in whose class the incident occurred or to the Student Services Office.

All violations of the Honor Code must be reported to the Student Services Office. A first incident of violation of the Honor Code is handled at the discretion of the professor and the dean of students. Judicial sanctions for an offense are handled on a case-by-case basis depending on the seriousness of the violation, prior violations, and other factors. Judicial sanctions may include, but are not limited to, loss of a letter grade or failure in the course in which the offense occurred, suspension, and/or expulsion from the University.

A student has the right to appeal sanctions imposed in cases related to violation of the Honor Code. Appeals must be submitted in writing to the Student Services Office within five (5) business days after a sanction has been imposed.

Appeals dealing with sanctions related to course outcomes (e.g. assignments, tests, or course grades) are adjudicated by the provost. Appeals based on a student's contention of innocence are adjudicated by a judicial review board. Decisions rendered by a judicial review board may be appealed to the vice president for student services.

A student who appeals a decision will be mailed written notification of the progress of the appeal from the dean of students, vice president for student services, or provost within ten (10) business days.