Thank you for your interest in the UVU BSN Completion Program. Our mission is to provide quality nursing education, helping students to cultivate requisite knowledge, sound clinical judgment, and a foundation for lifelong learning, as they progress toward becoming competent, caring nurses in a complex and changing health care environment.

Admission to any UVU Nursing program is contingent upon satisfactory results of both a federal criminal background check and a drug screen. Information on obtaining both reports will be provided upon acceptance. The Department of Nursing has sole discretion to deny acceptance based on the information contained in either of these two reports. The UVU Nursing program is a very rigorous, time-intensive program. Students are expected to attend all classes, labs and clinical assignments as scheduled. The nursing program requires a full commitment each semester, from first day of class until the last day of class.

Please read all the following information carefully before filling out the application.

Information about the application process...

# 1 - Application to Utah Valley University
Acceptance to UVU is required prior to submitting an application to the UVU Nursing program. Application to the University can be done online at www.uvu.edu. A fee is due at the time of application. If you have attended UVU previously, but have not attended classes for more than one year, then you must be readmitted. Students must meet all UVU requirements for a BS degree before graduating. A minimum of 30 credits must be completed at UVU in order to meet the residency credit requirement for a Bachelor in Science degree. If no credits have previously been completed at UVU, additional credits may be required to graduate. A minimum of 40 credits must be completed at the upper division level (3000+) for a Bachelor in Science degree. If other upper division credits have not been taken at UVU or transferred to UVU, additional credits will be required to graduate. Students can check Wolverine Track to monitor their graduation requirements.

# 2 - Nursing Application
In addition to being admitted to UVU, a Nursing application must be submitted to the Department of Nursing. When the application period is open applications are available online at www.uvu.edu/nursing. Completed applications with all required information must be submitted by the deadline.

# 3 - Prerequisite Course Work Information
All prerequisite course work must be complete with a B- minimum and posted to your UVU transcript by the application deadline. Only final grades are acceptable. If you are unable to provide final grade information for any prerequisite course by the application deadline you are not eligible to apply at this time.
**NOTE:** If AS nursing program, including prerequisite courses, were completed prior to January 1, 2010, they will be accepted under the previous C grade minimum requirement; however, beginning January 1, 2010, any prerequisite course and/or nursing course taken AFTER that date, will be under the new B- minimum requirement.

# 4 - Transferring Credits
It is your responsibility to have official transcripts of all previous college course work sent to the UVU Admissions Office. Transcripts accepted as official by that office are evaluated and posted on your official UVU academic record in the banner system. ALL grades must be articulated and on your official UVU banner system record by the application deadline in order to be accepted. **Depending on how busy the Transfer Credit office is processing transcripts can take up to 4-6 weeks. Submit your official transcripts ASAP to get this process started.** All transfer credits are evaluated by the Transfer Credit Office only, not by the nursing department.

If transferring to UVU with a previous AA, AS, BA or BS degree, several general education requirements may be waived. After transcripts and degrees have been evaluated check wolverine track to see remaining requirements.

# 5 - Acceptable College Credits
Although there are a variety of ways to obtain college credit, some are appropriate for the nursing prerequisites while others are not. Please be aware of the following credits and/or grades, and how they may affect your nursing application:

**Pass/Fail or Credit/No Credit Grades:** With the majority of points awarded based on the prerequisite GPA, only letter grades are acceptable for all prerequisite courses.

**AP Credits:** AP scores of 3, 4 or 5 can be accepted as filling prerequisite requirements. AP scores must be posted to your transcript as credit. For purposes of calculating the GPA, an AP score of 3 = B+, 4 = A-, and 5 = A.

**ACT Scores:** An ACT score is only used to determine placement into a subject, it does not waive any prerequisite course. MATH 1050, or a higher level math course which required MATH 1050 as a prerequisite (except for Trigonometry), is required to satisfy the Quantitative Literacy requirement for both the nursing program prerequisite and the campus.

**Repeating Course Work:** Repeating a course for a better grade is an option; however, only one repeat per course in a 5-year time frame is allowed and only the most recent attempt can be considered as satisfying degree requirements. Once a course is repeated, grades for all prior attempts cannot be used to satisfy any degree requirement.

# 6 - Eligibility
In order to be eligible to submit the required Nursing application by the deadline you must have:

**A** - completed MATH 1050, CHEM 1110, ENGL 1010, ZOOL 2320 w/lab, ZOOL 2420 w/lab, PSY 1100 and MICR 2060 w/lab with a B- minimum; (If AS nursing program, including prerequisite courses, were completed prior to January 1, 2010, they will be accepted under the previous C grade minimum requirement; however, beginning January 1, 2010, any prerequisite course and/or nursing course taken AFTER that date, will be under the new B- minimum requirement.)

**B** - completed an Associate nursing program, with a minimum 2.0 GPA. If the ASN degree is not posted on your UVU transcripts then an official transcript with the degree posted must be attached and submitted with the online nursing application.

**C** - hold a current Utah RN license;

**D** - been accepted to UVU and issued a UVID number;

**E** - official transcripts of all previous college course work sent to the UVU Admissions Office. Transcripts accepted as official by that office are evaluated and posted on your official UVU academic record in the banner system. ALL grades must be articulated and on your official UVU banner system record by the application deadline in order to be accepted. **Depending on how busy the Transfer Credit office is processing transcripts can take up to 4-6 weeks. Submit your official transcripts ASAP to get this process started.** All transfer credits are evaluated by the Transfer Credit Office only,
not by the nursing department.

**F -** the ability to obtain two Letters of Reference from a nursing faculty or a nursing employer, who has observed you in a clinical setting, within the past 2 years.

**G -** if English is NOT your first language, an appropriate TOEFL score, no older than 2 years. Appropriate scores are: 560 written, 220 computer or 83 iBT.

### # 7 - If Accepted

If offered a position, acceptance will be contingent upon several factors. These factors include:

- submitting required paperwork by the deadlines;
- providing satisfactory results of both a federal background check and a drug screen. The background check will include a record of employment and all non-juvenile arrests and convictions, including sex offenses; UVU has sole discretion to deny entrance based upon the information contained in either of these two reports. Information on how to provide these will be sent to accepted applicants;
- completing mandatory online Nursing Orientation. If the online orientation is not completed by the orientation deadline students will not be allowed to start classes and your position will be forfeited. Information on completing the online orientation will be sent to accepted applicants;
- committing to the nursing program. The UVU Nursing program is a very rigorous, time-intensive program. Students are expected to attend all classes, labs and clinical assignments as scheduled. The nursing program requires a full commitment each semester, from first day of class until the last day of class.

### # 8 - Decision Notification

ALL applicants will be notified of decisions by U.S. mail within 2 weeks of the deadline. Notification will be sent to the address given on your application. Please make sure that address is correct and written legibly. Decision information will not be given out over the phone.

### # 9 – Alternates

All eligible candidates will be rank-ordered, and if additional openings occur prior to the beginning of class, candidates will be contacted in that order. If not offered a position as an alternate, candidates must submit a new application to reapply for future semesters.

### # 10 - Scholarship Information

Information and applications regarding scholarships, including all privately-funded nursing scholarships and the Diversity in Nursing Scholarship are available on the Financial Aid website at [http://www.uvu.edu/financialaid/](http://www.uvu.edu/financialaid/).
APPLICATION BSN COMPLETION PROGRAM
For applicants who have a current Utah license as a Registered Nurse

PLEASE PRINT CLEARLY

PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>UVID#</th>
<th>(All Email contact will be through UVLINK email.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
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<tr>
<td>Middle Name</td>
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<td>Last Name</td>
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<td>Phone</td>
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</table>

CURRENT MAILING ADDRESS:

<table>
<thead>
<tr>
<th>Street Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 1  UVU APPLICATION

Acceptance to UVU is required prior to submitting an application to the UVU Nursing program. Without a UV ID#, your application is incomplete; therefore, the Department of Nursing will not accept your application.

__ I am currently enrolled in classes at UVU or I have taken courses at UVU within the last year.

__ I attended UVU previously, but HAVE NOT taken a class within the last year; **I reapplied on:** __________

__ I have never attended UVU; **I applied for the first time on:** ____________________________
SECTION 2  PREREQUISITE COURSE WORK

In the space provided, please give complete and accurate information regarding each prerequisite course (prerequisite courses and nursing core from your Associate program will be included in the GPA calculation). Identify the course prefix and number of each course as it appears on the transcript from the campus where it was completed (i.e., for nutrition, if taken at UVU it would be NUTR 1020, if taken at BYU it would be NDFS 100, etc.). Minimum grade requirement is a C or better for any course taken BEFORE January 1, 2010; B- grade for courses taken AFTER January 1, 2010. If a final grade is not available for each of these prerequisites by the application deadline, you are not eligible to apply.

<table>
<thead>
<tr>
<th>PREREQUISITE CLASS</th>
<th>PREFIX &amp; COURSE # (as identified on the transcripts from campus where taken)</th>
<th>GRADE</th>
<th>CREDIT HOURS</th>
<th>WHERE COMPLETED??</th>
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</thead>
<tbody>
<tr>
<td>INTRO WRITING (Engl 1010)</td>
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<td>__UVU</td>
<td>__ Other</td>
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<tr>
<td>COLLEGE ALGEBRA (Math 1050)</td>
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<td>__UVU</td>
<td>__ Other</td>
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<tr>
<td>HUMAN DEVELOPMENT Life Span (Psy 1100)</td>
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<td>__UVU</td>
<td>__ Other</td>
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<tr>
<td>ELEM CHEMISTRY (Chem 1110)</td>
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<td>__UVU</td>
<td>__ Other</td>
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<tr>
<td>HUMAN ANATOMY w/lab (Zool 2320)</td>
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<td>__UVU</td>
<td>__ Other</td>
</tr>
<tr>
<td>MICROBIOLOGY w/lab (Micro 2060)</td>
<td></td>
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<td>__UVU</td>
<td>__ Other</td>
</tr>
<tr>
<td>HUMAN PHYSIOLOGY w/lab (Zool 2420)</td>
<td></td>
<td></td>
<td>__UVU</td>
<td>__ Other</td>
</tr>
</tbody>
</table>
SECTION 3  COLLEGE TRANSCRIPT

All prerequisites must be complete with grade posted before submitting the application. Mark the appropriate option and follow the complete instructions listed under that option.

__ ALL prerequisites, including RN program course work, taken at UVU and classes are showing on official UVU academic record in the banner system.

__ One or more prerequisite, including RN program course work, taken on another campus and transcript has been submitted to UVU and evaluated, and classes are showing on official UVU academic record in the banner system.

__ One or more prerequisite, including RN program course work, taken on another campus that UVU does not accept credits from; I have submitting official transcripts from each campus where each prerequisite was completed, including RN program course work to UVU Admissions office.

SECTION 4  ASSOCIATE RN PROGRAM

If the ASN degree is not posted on your UVU transcripts then an official transcript with the degree posted must be attached and submitted with the nursing application.

Associate RN program completed: Campus ___________________________ Grad Date _________________________

Degree Received:

__ Associate in Science (AS)

__ Associate of Applied Science (AAS)

SECTION 5  RN LICENSE

__ Yes A copy of your current Utah RN license must be attached and submitted with this application.

Date License Issued: ___________________________ Expiration Date: ___________________________

__ No If NO, your application is incomplete and you are not eligible for this application period.

SECTION 6  PREVIOUS DEGREES

Other than your Associate RN program listed in Section 4, have you completed any other degrees?

__ No __ Yes

If YES, please list degree, campus and date completed: ___________________________
SECTION 7  CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor?

__ No  __ Yes

If **YES**, include a **FULL** disclosure of all circumstances involved, dates and/or time frames, as well as any resolution reached. The Department of Nursing has sole discretion to deny acceptance based on information contained in this report. Attach a separate page, if necessary.

SECTION 8  ENGLISH LANGUAGE PROFICIENCY

Is English your native language?  __ Yes  __ No

If **NO**, application to the program will be contingent upon providing a current, minimum TOEFL score of 560 written, 220 computer-based, or 83 ibt. Scores can be no older than 2 years. Attach TOEFL Score documentation to this Application or email from APG committee.
By signing this application, I understand that . . .

1) I will complete the online Nursing Orientation or I will not be able to start classes and will forfeit my position for entry into the RN-BSN program for this application period.

2) I have read the application information section and I assume full responsibility, and any consequence, if application instructions are not followed or deadlines not met;

3) only complete applications will be reviewed; it is my responsibility to submit, by the deadline, all required documents, including transcripts, and grade reports, if required;

4) if accepted, I will be expected to make the nursing program my first priority. The Nursing program cannot make accommodations to fit my work schedule. Flexibility in my work and family schedule is my responsibility. The nursing program requires a FULL commitment EACH semester, from the first day of class until the last day of class. If unable to make this commitment, it is strongly suggested that I postpone my application until a time when I am willing and able to make this full commitment.

Applicant’s Signature _____________________________________________ Date ___________________________
Two (2) reference forms are required for this application. All references MUST be done on the standardized form included with this application. All references must be from either nursing employers who are in a nursing supervisory position and have observed you in a nursing capacity or from a nursing faculty member who has observed you in a full clinical rotation. All responses and comments must be from observations made within the past 2 years. It is preferred that you select evaluators who are able to respond to ALL characteristics listed; consequently, references from evaluators who are unable to respond to a MINIMUM of 7 of the 10 traits listed on the form, will be considered inappropriate and will not be considered in the process. Please select references appropriately.

Complete PART I only of the Nursing Reference Form. Then give the form, bearing your signature, to an appropriate evaluator (see above), who must complete both PARTS II and III. Both PARTS II and III are scored; therefore, without a written response in PART III, full points will not be possible.

When complete, the evaluator should seal the form in an envelope and sign across the flap. The evaluator should then return the sealed envelope to you, in order for you to include it with your application when it is submitted to the Department of Nursing. If preferred by the evaluator, the reference may be mailed, e-mailed or faxed directly to our office, but it must be received by the application deadline. Information necessary to submit a reference by any of these alternative methods is provided on the form.

Please check they type of reference and then list your evaluators, their facility, and your job title.

1. □ Nursing Faculty □ Nursing Supervisor

Name ____________________________________________________________

Facility _________________________________________________________

Your job title at this facility _________________________________________

For office use only
Received:
1- __________
2- __________

2. □ Nursing Faculty □ Nursing Supervisor

Name ____________________________________________________________

Facility _________________________________________________________

Your job title at this facility _________________________________________
BSN Completion Program

NURSING REFERENCE FORM

PART I  #  To be completed by APPLICANT:

Applicant Name: ________________________________

Evaluator’s Name: ________________________________

Under the federal Family Educational Rights and Privacy Act of 1974, matriculated students are entitled to review their records, including letters of recommendation unless a waiver of that right has been signed. Generally, evaluators may provide information more useful if their recommendations are kept confidential. Should you decide not to waive the right, you will have access to the recommendation only if accepted into the nursing program. Please mark your choice below, then sign and date and give to an evaluator who is familiar with your nursing clinical skills.

☐ I waive my right of access to this confidential report

☐ I do not waive my right of access to this confidential report

Signature: ____________________________  Date: ________________

PART II  #  To be completed by the EVALUATOR:

The person named above is applying to UVU’s BSN Completion program. Your comments are an important component of the application. Please be candid and straightforward in your responses regarding the characteristics indicated. Use the scale below to compare this applicant with a representative group you’ve known in a similar capacity during your nursing career. Length of time you have known the applicant: ________________________________

In what capacity: ☐ nursing faculty w/in past 2 yrs   ☐ other ________________________________

☐ current nursing employer/supervisor

☐ past nursing employer/supervisor within past 2 yrs

If this is an employer reference, please indicate the applicant’s job title: ________________________________

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Superior Top 2%</th>
<th>Outstanding Top 10%</th>
<th>Excellent Top 20%</th>
<th>Good Top 30%</th>
<th>Avg Top 50%</th>
<th>Poor Lower 50%</th>
<th>No basis</th>
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<td>Motivation and initiative</td>
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<td>Overall competence and potential</td>
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How would you rate YOURSELF giving ratings of this kind?  ☐ Generous  ☐ Average  ☐ Very conservative
PART III # To be completed by the EVALUATOR:

Full points CAN NOT be obtained for this reference without written comments.

In the space provided below, please comment on specific attributes which you feel contribute to this applicant having a greater likelihood for success in comparison with others who may be equally well-qualified. If for any reason you have substantial reservations about this applicant’s potential for success, please explain. If you prefer, comments can be included on a separate page. PLEASE NOTE THAT THIS IS A SCORED PORTION OF THE APPLICATION—NO COMMENTS MEANS NO SCORE.

Evaluator’s Printed Name: ___________________________ Phone: ___________________________

Institution/Organization: ___________________________ E-mail: ___________________________

Title: ___________________________ E-mail: ___________________________ Date: ___________________________

PLEASE SIGN THIS FORM, SEAL IT IN AN ENVELOPE, SIGN YOUR NAME ACROSS THE FLAP AND RETURN TO THE APPLICANT TO BE INCLUDED WITH THEIR APPLICATION PACKET.

IF YOU PREFER, THE FORM CAN BE SENT DIRECTLY TO: UVU NURSING DEPT – APG COMMITTEE – MS 172
800 W UNIVERSITY PARKWAY
OREM UT 84058

OR FAXED TO: ATTN: “NURSING APG COMMITTEE” FAX NUMBER: 801–863–6093

OR E-MAILED FROM EVALUATORS EMAIL TO: hafenka@uvu.edu

This form must be received before 4PM on Wednesday, July 1, 2015.

Questions can be directed to Kathy Hafen at 801–863–6317 or hafenka@uvu.edu.
BSN Completion Program Applicant

NURSING REFERENCE FORM

PART I  #  To be completed by APPLICANT:

Applicant Name: ____________________________________________

Evaluator’s Name: __________________________________________

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☐ I waive my right of access to this confidential report
☐ I do not waive my right of access to this confidential report

Signature: __________________________________________ Date: ________________

PART II  #  To be completed by the EVALUATOR:

If unable to respond to at least 7 of the traits listed, please inform the applicant that you are not an appropriate evaluator.

The person named above is applying to UVU’s BSN Completion program. Your comments are an important component of the application. Please be candid and straightforward in your responses regarding the characteristics indicated. Use the scale below to compare this applicant with a representative group you’ve known in a similar capacity during your nursing career. Length of time you have known the applicant: ______________________

In what capacity:
☐ nursing faculty w/in past 2 yrs
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