



School of Health Sciences
Lydia Green Nursing Program

Mid-Nursing Program Transfer Application

Thank you for your application to the nursing program. Nursing is an exciting profession that affords practitioners many opportunities. Nursing at SPU is challenging and rewarding.

This application is intended for students who have completed nursing coursework at other colleges or universities. If you have not completed nursing courses elsewhere, you should complete the standard nursing program application, not the mid-nursing program transfer application. We will carefully review your application and consider your past course work in deciding to make an offer of admission. Because every nursing program is structured differently, completion of SPU's nursing program may require more time than would have been required if you stayed in your original nursing program. In addition, University required courses may add additional time to your course of study. In many instances, transfer students may need to complete course work at SPU prior to beginning or after completion of nursing coursework. You will need to apply to both the nursing program and the university.

Information regarding applying to the university is available on this website:

<http://www.spu.edu/depts/ugadm/transfer/>.

What to expect if you are accepted:

The student who accepts admission to the Lydia Green Nursing Program is making a major decision that must be taken seriously. Nursing is a highly complex; rigorous; and physically, psychologically, emotionally, and intellectually demanding profession. Nurses are directly responsible for the lives of human beings. The registered nurse graduate of this program is expected to be able to function at a high level of technological mastery, communication excellence, and interpersonal effectiveness. Patient safety is a major responsibility of today's nurse.

As the student progresses in the program, the curriculum is designed to increase in complexity and the student is required to demonstrate increasing levels of ability to safely handle complexity. For example, students progress from care of one patient to care of four or more patients in the final senior level course. Progression through the program is not a guarantee that the student will graduate, because the student must demonstrate increasingly complex skills as he or she progresses from quarter to quarter. In the final synthesis course, the student is responsible to "pull together" and demonstrate synthesis of all previous learning. This course is a test of the student's ability to manage self in a complex health care setting.

Because of this rigor, graduates of the Lydia Green Nursing Program can expect to function well as beginning registered nurses. Clinical sites highly value SPU graduates, and SPU nurses are the leaders of the future.

Your application will be carefully considered. Thank you for your submission.

Section III

Nursing coursework: Please list the nursing courses you have completed or are currently enrolled in. In order to place you properly in the nursing sequence, you must also submit course syllabi for nursing courses for which you would like to receive credit.

Nursing school transferring from: _____ Number of terms completed: _____ (qtrs/sem)

Desired term to enter nursing at SPU (subject to review of transcripts and syllabi; placement will be determined by Academic and Student Affairs Committee): _____

Course Name (Course number and name)	Grade	Credits	<u>Completed</u> Sem/Qtr/Year	<u>To be Completed</u> Sem/Qtr/Year

Section IV

Work and volunteer experience: List any work or volunteer service for the last five years. You may include experience prior to that if it is especially relevant to your application. Continue on separate page if necessary.

Organization	Describe work you performed	Dates: From To	Volunteer or Paid	Hours per week or total hours

Section V

Please respond to the following questions.

1. What are your reasons for wanting to transfer into the nursing program at Seattle Pacific University?

2. What are the circumstances surrounding your leaving your previous school?

3. Please provide the name and contact information of a nursing professor at your previous school. Complete the attached release form.

Name: _____

Title: _____

Phone: _____

Email: _____

Section VI

Upon completion of the nursing program, you will be asked by the Nursing Care Quality Assurance Commission if you have a history of mental illness, alcohol, or substance abuse, or previous conviction of a felony or misdemeanor. In certain instances, you may be refused a license to practice as an RN in Washington State. According to Washington State Law, 43.48.830 through 43.43.845, we are required to obtain the following personal data on all applicants to the program:

Have you ever been:	Yes	No
Convicted of a crime against children or other persons?		
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?		
Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor?		
Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have physically abused any vulnerable adult?		
Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.		

The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury.

Signature

Date

I hereby request acceptance to the nursing major in the School of Health Sciences. I understand that effective verbal and written communication skills are a necessary for successful nursing care. It is my intention to graduate from Seattle Pacific University with a Bachelor of Science degree with a major in nursing.

Signature

Date

Submit completed application to:

**School of Health Sciences-B.S. Nursing
Seattle Pacific University
3307 Third Avenue West, Suite 106
Seattle, WA 98119-1922**

Seattle Pacific University
School of Health Sciences
Release of Information Form

Student's Name: _____

Attention: _____
(Individual Name and Position from previous school)

Institution Name: _____

Institution Address: _____

Institution Phone Number:

Purpose of Release:

By signing this form, the student gives permission for a member of the School of Health Sciences faculty to contact the dean or director from a previous school regarding the student's academic and clinical performance in the nursing program, including grades, clinical evaluations, and other information pertinent to the student's performance.

I, _____ hereby give permission to release this information
(student name)

to _____ Seattle Pacific University, School of Health Sciences _____
(person/agency)

Student's Signature _____ Date _____

Email _____ Phone _____