



COLLEGE OF HEALTH SCIENCES  
PROGRAM IN NURSING SCIENCE  
UNIVERSITY of CALIFORNIA • IRVINE

**Undergraduate Nursing Science Application Instructions**

**Applications can be submitted November 1<sup>st</sup> through November 30, 2008**

Thank you for your interest in the UCIrvine College of Health Sciences, Program in Nursing Science. The program promises an enriching and rigorous experience to accepted students who prepare to obtain a baccalaureate degree in Nursing Science. Because the program involves specialized curriculum targeted for a specific number of students, admission is selective and requires the completion of the following application.

**Transfer Students/2<sup>nd</sup> Baccalaureate students:** Students from other schools must complete a Nursing Science application, 2 recommendation letters, and a UC application to be considered for admission. For information regarding admission to UCI, please go to the [Admissions Home page](#).

**Change of Major Students:** Complete the Nursing Science Application, Recommendation letters (max of 2) and a Change of Major Form, and return all documents to the Student Affairs Office.

**UCI 2<sup>nd</sup> Baccalaureate students:** Complete the Nursing Science Application, 2 recommendation letters, and a Re-admission form, and return to the Students Affairs Office.

Please review the general guidelines below while you complete each step of the application. We look forward to reviewing your application, and appreciate your interest in the program.

**Application Checklist:**

- Fully complete sections A, B, and C using the most current contact information.
- List test scores for SAT/ACT if you are an incoming freshman. Transfer students and 2<sup>nd</sup> Baccalaureate students can leave this blank. All applicants need to submit cumulative gpa.
- List ALL post-secondary institutions you have attended with dates and major.
- List all volunteer work and work history even if you haven't had experience in health care. Also, list any special awards or honors you have received.
- Complete the personal statement in the section provided on the application form. Please type your essay on the form provided.
- List all prerequisites taken, plan to take, or in progress courses. Please complete the table on page 5. Make sure to include units, grades, and dates you plan to complete courses. Courses cannot be double counted.
- Give your recommender a copy of the recommendation form after filling out the top portion of the form and signing your acknowledgement of the Family Educational Rights and Privacy Act. (MAX OF 2 LETTERS)
- Collect the completed recommendation form in a sealed envelope from your recommender and include it with your application materials if mailing in a paper application.
- Mail all documents together.
- Transfer applicants who submit paper applications, please submit copies of unofficial transcripts from all institutions attended.
- Freshman applicants who submit paper applications must also submit copies of SAT/ACT/High School Transcripts
- Return completed applications, recommendations, transcripts, and score reports to the Student Affairs office listed below.

All application materials received by the Student Affairs Office become property of the Program in Nursing Science and cannot be returned to the applicant.

**Please return all application materials to:**

**Students Affairs Office  
Program in Nursing Science  
Admission Application  
244A Irvine Hall  
Irvine, CA 92697-3959**

**For questions regarding the admission process or the supplemental application, please contact the Program in Nursing Science at (949) 824-1514 or by email to: [nssao@uci.edu](mailto:nssao@uci.edu).**



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**UNDERGRADUATE NURSING SCIENCE APPLICATION**

**A. PERSONAL INFORMATION**

Legal Name (Last)	(First)	(Middle)	Name you go by:
Former Name (s) – List all former names		Date of Birth (Mo-Da-Yr)	APPLICANT'S PERMANENT EMAIL:

**B. CONTACT INFORMATION**

Permanent Address	Street Number	Apt. Number	Daytime Telephone
City	State	Zip Code	Evening Telephone
Mailing Address	Street Number	Apt. Number	Applicant Cell Phone
City	State	Zip Code	

**C. UCI STUDENT APPLICANT INFORMATION**

Are you a UCI Student <input type="checkbox"/> YES <input type="checkbox"/> NO	Last quarter enrolled?	UCI Net ID	Major	School
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<b>NEW Student: Please indicate level</b> <input type="checkbox"/> Transfer <input type="checkbox"/> New Freshman <input type="checkbox"/> 2 <sup>nd</sup> Baccalaureate	<b>Application ID and/or UCI Net ID</b>
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**1. TEST SCORES AND GPA**

Cumulative GPA	UC GPA	Science/Math GPA	SAT Verbal	SAT Math	SAT Writing	Total SAT	ACT: Composite
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**2. OTHER COLLEGES ATTENDED:**

**If you are a transfer or 2<sup>nd</sup> Baccalaureate student, please list all post-secondary institutions that you have attended with the most recent first**

College/University	Location	Dates attended	Major	Degree & Date (obtained or expected)

**3. ACTIVITIES & VOLUNTEER WORK – Please list current and past volunteer work and/or job history.**

Have you completed volunteer work in a health care setting? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you Bilingual: <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, languages spoken:
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**4. Please list volunteer work in a health care setting and/or other types of volunteer work**

Institution or Organization & Title	Description of Duties	Dates of Experience

**5. Please list work history if applicable**

Title of Position/Company	Description of Duties	Dates of Experience

**6. PLEASE LIST ANY SPECIAL ACTICITIES OR HONORS/AWARDS/LEADERSHIP ROLES**

Leadership Positions	Honors and Awards



**8. PREREQUISITE REQUIREMENT (For transfer, change of major, and 2<sup>nd</sup> baccalaureate students only)**

Below is a list of prerequisite courses that will need to be completed prior to starting the Nursing curriculum in fall quarter. Prospective students do not have to have the prerequisites completed when they apply, but must be able to provide an official transcript prior to fall quarter showing that they have met the prerequisite requirement. Students who fail to meet the prerequisite requirement could have their admission from the Program in Nursing Science withdrawn.

Please list the courses you have completed that fulfill the following pre-requisites.

**PLEASE NOTE: Courses cannot be double counted and must be a letter grade. Only**

Prerequisite Required UCI Course Listed Below	College/University where fulfilled	Course Title and Number	Quarter Units or Semester Units for course	Semester/Quarter & Year completed or when you plan to complete	Grade
General Chemistry 1 year with laboratory (Chem 1A-B-C-LB-LC)					
DNA to Organisms (Biological Sciences 93)					
Genetics (Biological Sciences 97)					

Transfer Students: Need to have the above courses and courses listed below completed by the start of fall quarter.

Prerequisite Required UCI Course Listed Below	College/University where fulfilled	Course Title and Number	Quarter Units or Semester Units for course	Semester/Quarter & Year completed or when you plan to complete	Grade
Biochemistry (Bio Sci 98)					
Molecular Biology (Bio Sci 99)					
Microbiology (Bio Sci M122)					
Basic Statistics (Math7/Bio7/Stat 7)					
Organic Chemistry (Chem 51A)					

This course can be completed prior to entering the program or taken during the first quarter in the nursing science program. Human Physiology is a major requirement.

**THIS IS NOT A PREREQUISITE TO THE NURSING PROGRAM.**

Human Physiology (Bio Sci E109) <b>Can be taken once a student enters the program or before.</b>					
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**UCI Program in Nursing Science  
Instructions for the Recommendation**

**Applicant:**

**Recommendation:**

Please provide the name of the person from whom you plan to seek a recommendation in the space below. Note that recommenders can be teacher's advisers, employers, professors, supervisors, etc., but should not be personal friends or family members. You are allowed two recommendation letters only. Recommendations must be done on the attached form.

Name of Recommender	Institution/Work Location	Title	Phone Number	Email

**Certification**

**Applicant:** By signing this application in the space provided below, I certify the validity of this application in its entirety. I authorize the Program in Nursing Science to contact prior institutions and recommendations in the process of considering my candidacy for the program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**MAX OF 2 LETTERS**

**UCI PROGRAM IN NURSING SCIENCE  
RECOMMENDATION FORM**

REQUEST FOR PROFESSIONAL REFERENCE FOR: \_\_\_\_\_  
NAME OF STUDENT/APPLICANT

**APPLICANT:** Write your name on the above line and deliver this form to the person who will write this recommendation. Ask that the recommender mail this completed form to you in a SEALED envelope with their signature on the back across the flap. Submit the completed recommendation forms in their sealed envelope with the Nursing Science Supplemental application. Appropriate sources include, teachers, counselor, or a professional who has/had a supervisory or educational relationship to you. PLEASE USE THIS FORM ONLY.

Under the Family Educational Rights and Privacy Act of 1974, you may choose to review this recommendation upon enrollment into UC Irvine, College of Health Sciences, Program in Nursing Science. You may opt to waive your right to review the recommendation.

- I waive my right to review       I do NOT waive my right to review

**NOTE TO RECOMMENDER:**

The person's whose name appears above is applying for admission to the UCI Program in Nursing Science. We would appreciate your candid appraisal of this applicant by completing this form. You may attach a letter to this form if you need additional space. Once you have completed this form, please place it in an envelope, sign your name on the sealed flap and return it to the applicant. Thank you for your assistance.

1. Under what circumstances and for how long have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you consider to be the applicant's most outstanding talents or characteristics?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you consider to be the applicant's strengths and weaknesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the chart below, indicate how you would rate this applicant:

	Outstanding (top 5%)	Excellent (top 15%)	Good (top third)	Average (middle third)	Poor (bottom third)	Do Not Know
Intellectual Ability						
Ability to express ideas clearly						
Writing Ability						
Leadership Skills						
Creativity						
Flexibility						
Ability to Organize Work						
Accountability for own behavior						
Maturity						
Integrity						
Initiative						
Motivation						
Professional behavior						

