BSN Application: Submitting documents

CSU San Bernardino, Department of Nursing

*This form is only submitted when any document is not submitted in-person. If mailing documents multiple times, this form is required only once. A similar form is used when applicants submit everything in-person. Applicants can contact the department to check if/when we have received your documents.*

Last, First Name: _________________________________ Coyote ID: ___________________

I will accept the Central/Essential Functions Statement requirements regarding nursing safety and patient care as requested: Circle Yes and provide your Signature and Date: _________________________________

**Application Documents not submitted in-person:**

BSN paper application, Dated: ______________

Transcript(s) and/or Credit Summary: ________________________________________________

TEAS Score sheet: Version/Test Date: ______________

Letters of Recommendation (Optional)  2  1  0  Bilingual Proficiency (Optional)  Yes  No