

SAN JOSE STATE UNIVERSITY
School of Nursing

Graduate Program Application Checklist

Applicant: _____ SS#: _____
Address: _____ Student ID: _____

Phone #s: _____

Email: _____
Program Option: _____

Checklist for Applicant: Each of the following received **Required for Admission*

- _____ *Statement of Goals
- _____ *Resume
- _____ *Copy of California RN license # _____, Exp. Date _____
- _____ Copy of PHN, if applicable, # _____
- _____ Copy of Preliminary School Nurse Credential, if applicable, Exp. Date _____
- _____ *References
 - _____ Date first received _____ Letter & _____ Checklist
 - _____ Date second received _____ Letter & _____ Checklist

- _____ *Graduate Standing Summary
 - _____ Admitted Classified
 - _____ Admitted Conditionally classified
 - _____ WST, copy of score received
 - _____ Statistics requirement met
 - _____ Economics requirement met
 - _____ Not admitted
- _____ Health Statement
- _____ Health and Immunization Information – Master’s Students
- _____ Copies of documents validating information

Date **NOTES** **Signature**