Who May Apply
The 4+1 program at USF is accessible to baccalaureate degree students in the graduate degree programs. A minimum GPA of 3.5 overall in your baccalaureate program is required for admission into the 4+1 program in the School of Nursing & Health Professions. The 4+1 program is designed for students who have two or fewer remaining CORE or BRN required courses in the baccalaureate curriculum. Please also note that admission is contingent upon the student earning a minimum score of 850 on the Fundamentals HESI.

When to Apply
Applications will be evaluated only after all materials have been received. Applications are only accepted during the open application period. All application materials must be received prior to the application deadline in order to be considered. Applications are available to students in their Sophomore 2 term, in order to start in their Junior 1 term.

Application Instructions
For complete application details, please visit:
https://www.usfca.edu/nursing/programs/undergraduate/4-1/admission

Financial Assistance
For information concerning financial assistance programs available to applicants to the School of Nursing, please contact the USF One Stop Enrollment and Financial Services Office, University of San Francisco, One Stop Services, 2130 Fulton Street LM 251, San Francisco, CA 94117-1080, (415) 422-2020, email: onestop@usfca.edu.
Please submit this form as early as possible in your application process.
FIRST STEP: Your full name should be identical on all of your application items, along with the name of your graduate program and birthdate. International applicants should give their name as listed on their passport.

Program Information

OPTIONAL U.S. SOCIAL SECURITY NO. (FOR U.S. CITIZENS AND PERMANENT RESIDENTS): ___________________ — ____________ — ____________

Please indicate to which program you are applying (e.g. BSN/MSN; BSN/MPH; BSN/MSBH).

DEGREE: ___________________ PROGRAM: ___________________

EMPHASIS (IF APPLICABLE): ___________________

TERM AND YEAR: ___________________ CAMPUS LOCATION: ___________________

Are you applying for a Joint Degree program? If so, indicate your program here __________________________________________

Personal Information

Legal Name ___________________
LAST/FAMILY NAME ___________________ FIRST/GIVEN NAME ___________________ MIDDLE/ADDITIONAL NAME ___________________

OTHER NAMES YOU MAY USE WHICH APPEAR ON SUPPORTING DOCUMENTS ___________________

DATE OF BIRTH: ___________________ GENDER: ☐ MALE ☐ FEMALE

Present Mailing Address ___________________
STREET ADDRESS ___________________

(MONTH, DAY, YEAR) CITY STATE ZIP OR POSTAL CODE

Effective Until:
STREET ADDRESS ___________________

COUNTRY

HOME PHONE: ___________________ WORK PHONE: ___________________

CELL PHONE: ___________________ EMAIL: ___________________

Permanent Mailing Address ___________________
STREET ADDRESS ___________________

(CITY) STATE ZIP OR POSTAL CODE

(If different from above) COUNTRY

PHONE: ___________________ EMAIL: ___________________

Please provide a permanent mailing address, phone, and email address where you can be reached at any time of the year – including summer months.

Names of Recommenders

LAST/FAMILY NAME ___________________ FIRST/GIVEN NAME ___________________

EMAIL ADDRESS ___________________

LAST/FAMILY NAME ___________________ FIRST/GIVEN NAME ___________________

EMAIL ADDRESS ___________________
Optional Statistical Information

Religious affiliation (optional):
- [ ] BUDDHIST
- [ ] HINDU
- [ ] JEWISH
- [ ] PROTESTANT
- [ ] ROMAN CATHOLIC
- [ ] NO RELIGION
- [ ] OTHER (PLEASE SPECIFY)

Ethnic background (Optional):
Please indicate whether you consider yourself to be Hispanic/Latino:
- [ ] HISPANIC or LATINO
- [ ] JUDEO-CHRISTIAN
- [ ] JEWISH
- [ ] MIDDLE EASTERN
- [ ] CENTRAL AMERICAN
- [ ] SOUTH AMERICAN
- [ ] EASTERN EUROPEAN
- [ ] WESTERN EUROPEAN
- [ ] NORTH AFRICAN
- [ ] PREFER NOT TO DISCLOSE

Racial background (Optional):
Select one or more of the following categories to describe yourself:
- [ ] ASIAN
- [ ] BLACK or AFRICAN AMERICAN
- [ ] CHINESE
- [ ] HISPANIC or LATINO
- [ ] FILIPINO
- [ ] JAPANESE
- [ ] KOREAN
- [ ] MIDDLE EASTERN
- [ ] NORTHERN EUROPEAN
- [ ] NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- [ ] NORTH AFRICAN
- [ ] PREFER NOT TO DISCLOSE

Signature

I certify that the statements in this application are true and complete to the best of my knowledge.

[Signature of Applicant]

[Date]
To the Recommender

The student whose name appears above is a candidate for the 4+1 program at the University of San Francisco. We would value your candid appraisal of this applicant. Please complete the remainder of this form as soon as possible and return to the applicant in a signed and sealed envelope:

---

To the Applicant

Please fill out the following section and provide it to someone most able to evaluate your personal and academic abilities and potential. It is important that your reference include this form with their recommendation letter. If that is not possible, your recommender needs to include your full name (as it appears on your application form), birthdate, and graduate program on their recommendation letter.

Applicant Legal Name

<table>
<thead>
<tr>
<th>LAST/FAMILY NAME</th>
<th>FIRST/GIVEN NAME</th>
<th>MIDDLE/ADDITIONAL NAME</th>
</tr>
</thead>
</table>

Date of Birth

MONTH / DATE / YEAR

Applicant Legal Name

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
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<th>CITY</th>
<th>STATE</th>
<th>ZIP OR POSTAL CODE</th>
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<tr>
<th>COUNTRY</th>
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</table>

Program

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Right of Access

I have requested that this form be used in the admission and counseling process of the University of San Francisco. I understand that the Family Education Rights and Privacy Act of 1974 allows me the option to choose whether I will or will not have the right to read this letter of recommendation. Accordingly, I choose the following option by checking the appropriate box:

☐ I waive access to this letter of recommendation.
   I understand that it will remain confidential and that I will not have access to read it.

☐ I do not waive access to this letter of recommendation.
   I retain my right to have access to read it during the admission process at the University of San Francisco.

---

SIGNATURE OF APPLICANT

DATE

---

To the Recommender

The student whose name appears above is a candidate for the 4+1 program at the University of San Francisco. We would value your candid appraisal of this applicant. Please complete the remainder of this form as soon as possible and return to the applicant in a signed and sealed envelope:
Comparative Evaluation

Please rate this candidate in terms of the following attributes:

<table>
<thead>
<tr>
<th>Attribute</th>
<th>SUPERIOR (TOP 10%)</th>
<th>GOOD (TOP 30%)</th>
<th>FAIR (MIDDLE 30%)</th>
<th>POOR (BOTTOM 30%)</th>
<th>UNABLE TO JUDGE</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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<td>Analytical Skills</td>
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<td>Maturity</td>
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<tr>
<td>Leadership Potential</td>
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<tr>
<td>Written/Oral Expression</td>
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<tr>
<td>Initiative/Motivation</td>
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<tr>
<td>Self-Confidence</td>
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<tr>
<td>Teamwork</td>
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<tr>
<td>Follow-through</td>
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</tbody>
</table>

Group used for this comparison (such as employees or students):

Written Recommendation

We would appreciate your candid response to the following question. Please include a separate sheet for your written recommendation.

1. In what capacity have you known the applicant and for how long?

SIGNATURE OF RECOMMENDER

DATE

Recommender Name

LAST/FAMILY NAME    FIRST/GIVEN NAME    MIDDLE/ADDITIONAL NAME

POSITION

TELEPHONE NUMBER    EMAIL ADDRESS

Institution/Organization

INSTITUTION/ORGANIZATION NAME

STREET ADDRESS

CITY    STATE    ZIP OR POSTAL CODE
To the Applicant

Please fill out the following section and provide it to someone most able to evaluate your personal and academic abilities and potential. It is important that your reference include this form with their recommendation letter. If that is not possible, your recommender needs to include your full name (as it appears on your application form), birthdate, and graduate program on their recommendation letter.

Applicant Legal Name

LAST/FAMILY NAME  FIRST/GIVEN NAME  MIDDLE/ADDITIONAL NAME

Date of Birth

MONTH / DATE / YEAR

Applicant Legal Name

STREET ADDRESS

CITY

STATE

ZIP OR POSTAL CODE

COUNTRY

Program

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SIGNATURE OF APPLICANT

DATE

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The student whose name appears above is a candidate for the 4+1 program at the University of San Francisco. We would value your candid appraisal of this applicant. Please complete the remainder of this form as soon as possible and return to the applicant in a signed and sealed envelope:
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*Please rate this candidate in terms of the following attributes:*

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---

**SIGNATURE OF RECOMMENDER**

**DATE**

**Recommender Name**

LAST/FAMILY NAME  FIRST/GIVEN NAME  MIDDLE/ADDITIONAL NAME

**POSITION**

**TELEPHONE NUMBER**  EMAIL ADDRESS

**Institution/Organization**

INSTITUTION/ORGANIZATION NAME

**STREET ADDRESS**

CITY  STATE  ZIP OR POSTAL CODE

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LETTER OF RECOMMENDATION  GRADUATE ADMISSIONS
Pending CORE Required Courses

Please list any CORE Courses you plan on taking in the future.

**CORE COURSE**


Professional and Scholarly Activities

*Other than your positions, describe briefly your professional and community activities. Include any scholarly presentations or publications.*


HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM ANY SCHOOL OR COLLEGE?  □ NO  □ YES (IF YES, PLEASE FULLY EXPLAIN ON A SEPARATE SHEET.)
4+1 Pre-Requisite Information

*Please indicate which classes you are submitting to fulfill the following prerequisites:*

<table>
<thead>
<tr>
<th>Institution</th>
<th>Course Title/Course #</th>
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<th>Units</th>
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<td>STATISTICS</td>
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*Equal Opportunity and Non-Discrimination Policy:* The University is an equal opportunity institution of higher education. As a matter of policy, the University does not discriminate in employment, educational services and academic programs on the basis of an individual’s race, color, religion, religious creed, ancestry, national origin, age (except minors), sex, gender identity, sexual orientation, marital status, medical condition (cancer-related and genetic-related) and disability, and on other bases prohibited by law. The University reasonably accommodates qualified individuals with disabilities under the law.