

CSU, Chico - School of Nursing  
Fall 2011



Advising Sessions for Licensed RNs

Advising sessions for the RN-to-BSN Program are held monthly each semester at CSU, Chico. Please read the following information carefully, as there are requirements you **must** meet prior to attending a session.

1) **Transcript Evaluation:** **Three weeks prior** to attending an advising session, you must send a copy of your unofficial transcripts to the RN-BSN Advisor, Jenny Lillibridge for evaluation. You cannot attend an advising session until **after** your transcripts have been evaluated. Either e-mail transcripts to [jlillibridge@csuchico.edu](mailto:jlillibridge@csuchico.edu) or mail them. If mailing, please send to the address below (no street name needed):

California State University, Chico  
Attn: Jenny Lillibridge - Transcripts  
School of Nursing  
Chico, CA 95929-0200

2) **Confirm transcripts are evaluated:** E-mail Jenny Lillibridge, [jlillibridge@csuchico.edu](mailto:jlillibridge@csuchico.edu) to confirm receipt of your transcripts and to verify that they have been evaluated. Please do not attempt to attend a session until you are sure your transcripts have been evaluated.

3) **E-mail the RN-BSN Advisor:** If you have not yet notified the advisor which session you plan to attend, please e-mail [jlillibridge@csuchico.edu](mailto:jlillibridge@csuchico.edu) and let her know.

4) **Application and copy of BRN License:** Download the RN-BSN application found here on page 3 and bring it to the advising session along with a copy of your BRN license.

Attending an advising session is **mandatory**. There is no charge to attend an advising session. All sessions are held at CSU, Chico. Following are the scheduled dates, times, and location:

- **Mon, February 6, 10 a.m. - 12:00 p.m. - Holt 357**
- **Tues, March 6, 11 a.m. - 1 p.m. - Holt 357**
- **Wed, April 4, 12 - 2 p.m. - Holt 357**
- **Thurs, May 3, 11:30 a.m. - 1:30 p.m. - Holt 357**

## **Directions to CSU, Chico**

Holt Hall is slightly northeast of the center of campus. Following are links to assist you:

Directions to Chico: <http://em.csuchico.edu/aap/GettingConnected/directions.asp>

Map of campus: <http://www.csuchico.edu//maps/campus>

### **Parking Lot Changes Beginning Summer 2011**

The 2nd & Normal Parking Lot will be closed beginning Wednesday, August 10th when the contractor mobilizes. (The lot will be available for parking today and Tuesday.) Accordingly, there will be changes to various other parking lots this summer to accommodate the loss of Reserved, Housing, and General Parking Stalls. The list below indicates the number of stalls that will be available in each lot after the changes are made.

2nd & Hazel Lot: R1 Permit (70), G/FS Permit (25), Reserved for University Advancement Visitors (5), Accessible (5), and Zip Car (1).

Cherry Parking Structure 1st Level (Changes will be made on the 1st level only): R2 Permit (141), Accessible (16), and Car Pool (12). G/FS Permit stalls will begin at the start of the ramp.

Stadium Lot: G/FS Permit (251), Housing B Permit (0), Accessible (13), and State Vehicles (4).

Chico Unified School District Lot at Sacramento Avenue & Warner Street (The lease for this lot has been renewed effective July 1st.): G/FS Permit (157), Housing B Permit (106), and Accessible (7).

Should you have questions, please e-mail Dr. Jennifer Lillibridge at [jlillibridge@csuchico.edu](mailto:jlillibridge@csuchico.edu).

We look forward to meeting you at the advising session.

**Please be on time**, as the sessions begin promptly.

CALIFORNIA STATE UNIVERSITY, CHICO  
SCHOOL OF NURSING

**Application – RN-to-BSN Program**

This Nursing Application (with unofficial transcripts) is due to the CSU, Chico School of Nursing, Chico, CA, 95929-0200. The School of Nursing will not review your application until copies of all transcripts are available, and you have attended an on-campus advising session.

Name \_\_\_\_\_  
(Last) (First) (Middle/Maiden) (Mr./Mrs./Ms.)

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthdate \_\_\_\_\_ \_\_\_Male \_\_\_Female

What is your age?:  <25  26-30  31-40  41-50  51-60  61>

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

California RN License number \_\_\_\_\_ Expiration date \_\_\_\_\_ (Please attach a copy.)

Name of RN program \_\_\_\_\_

Date graduated from RN program \_\_\_\_\_

Where do you currently work as an RN? \_\_\_\_\_

Specialty? \_\_\_\_\_

Date of RN-BSN Advising session attended at CSUC \_\_\_\_\_ Summer/Year you want to start program \_\_\_\_\_

I. Your status at time of application (check all that are appropriate)

- a. I am a student already enrolled at CSU, Chico
- b. I am a new student transferring to CSU, Chico
- c. I am a post-baccalaureate student (I have a bachelor's degree)
- d. A California resident

II. Please check the appropriate category (optional; this information is used only for accreditation data only):

- Caucasian, non-Hispanic  Hawaiian/Pacific Islander
- American Indian or Alaskan Native  Filipino
- Black, African American  Non-Filipino, Asian
- Mexican-American/Mexican/Hispanic  Other \_\_\_\_\_

<b><i>For office use only</i></b>	<b><i>Note:</i></b>
Date attended advising session _____	Area A/Foundation courses completed: <input type="checkbox"/> yes <input type="checkbox"/> no
Transcripts on file: <input type="checkbox"/> yes <input type="checkbox"/> no	Area A/Foundation courses needed _____
Transcript evaluation on file: <input type="checkbox"/> yes <input type="checkbox"/> no	_____
Cum GPA _____ Nursing GPA _____	Year Student will begin program _____