

NAME: _____

last name, first name

Fresno State ID: _____

Fresno State Courses: Indicate Term/Yr and Grade.

Transfer Courses: Use blank space to indicate Course Prefix, Number & Title; Institution; Term/Year; Units; Grade.

Course Prefix, Number & Title	Institution	Term/Yr	Sem. Units	Quarter units	Grade	Office Use Only
1. Intro. Gen. Chem with lab (Chem 3A) 4 units	Fresno State		4			
2. Human Anatomy with lab (Biol 64) 3-4 units	Fresno State		3			
Note: For RNs a one-semester combined anat/physio course with lab meets requirement for anatomy and physiology						
3. Human Physiology with lab (Biol 65) 4-5 units	Fresno State		5			
See note above regarding combined course						
4. Microbiology with lab (Biol 20) 4 units	Fresno State		4			
5. Oral Communication G.E. Area A1 3 units	Fresno State		3			
6. English Comp (Engl 10 or Engl 5B) G. E. Area A2 3 units	Fresno State		4			
7. Critical Thinking G.E. Area A3 3 units	Fresno State		3			
8. Statistics G.E. Area B4 3 units	Fresno State		3			
<p>1. It is the student's responsibility to determine that transfer courses meet requirements. Visit www.assist.org.</p> <p>2. ALL DEADLINES MUST BE MET.</p> <p>3. If there are any changes to the above information, notify the Nursing Admissions Office in writing.</p> <p>4. I understand that I must also submit a University Application or be a continuing student at CSU Fresno.</p>						
<p>I certify that the information on this application is true. _____</p> <p style="text-align: center;"><i>Signature</i> <i>Date</i></p>						

Mail: 1) the Application, 2) a copy of your RN License, and 3) a copy of your CPR Certification to:

**Nursing Admissions Coordinator
California State University, Fresno
2345 E. San Ramon Ave, M/S MH26
Fresno, California 93740-8031**

Or hand deliver all documents to McLane Hall 194.