

## Culminating Activity Eligibility Form

This form serves to establish your eligibility to participate in the culminating activity for the MSN degree and to initiate the registration process. Students have the option to complete the culminating activity during their final semester of coursework, or defer to the following semester.

Deadlines: Culminating Activity Eligibility documents must be received by

**July 5 for Fall graduation  
October 30 for Spring graduation**

To be eligible for the MSN Culminating Activity, the student will have:

- Satisfied the Graduate Writing Assessment Requirement (GWAR).
- Achieved an overall grade point average of 3.0 or better and a minimum of B grade in graduate courses.
- Completed all courses required for the degree or enrolled in the last semester of required coursework.
- Completed all BSN courses, if an MSN Pathway student, per the individualized plan of study.
- Applied for graduation the semester prior to the culminating activity.

If you have completed all courses for your degree and elect to defer the culminating activity, you will need to enroll in MSN 600 (\$145 fee) to maintain continuous enrollment in the program.

### Registration Procedure:

1. Complete the Culminating Activity Eligibility form. Please type your information in the available fields.
2. Print out the Academic Advisement Report in MyCSUDH to show completion of your degree requirements and graduation status. Log into MyCSUDH. Click Student Center > click My Academics > click View My Advisement Report. Click on the "Expand All" button before printing; that will open up all sections to show the courses completed, dates, and grades.
3. MSN Pathway students must also provide a copy of their Pathway Plan of Study and a print out the CSUDH unofficial transcript showing the BSN courses completed.
4. Submit the form and documents via Mail or e-mail [SONdepartment@csudh.edu](mailto:SONdepartment@csudh.edu) to: School of Nursing, Graduate Program Culminating Activity

# Culminating Activity Eligibility Form

Please Type

Student ID#:	Date:
Name:	
Admit term:	
Role Option:	
Mailing Address Street:	
City/State/Zip Code:	
Home Phone:	
Cell Phone:	
CSUDH User Name:	
Personal email address:	
Graduate courses petitioned for substitution:	

1. Will any MSN course be over 5 years at the graduation term?  Yes  No
2. Have you applied for graduation (degree application)?  Yes  No
3. Are you an MSN Pathway student?  Yes  No  
If yes, have you completed all BSN courses?  Yes  No

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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Office Use: Eligible  Yes  No \_\_\_\_\_

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