



College of Extended and International Education
in partnership with the School of Nursing,
College of Health, Human Services & Nursing
1000 E. Victoria St. Carson, CA 90747
(310) 243-3596 Phone (310) 516-3542 Fax

SECOND SUMMER PARTICIPATION AGREEMENT
PRE-BSN ENROLLMENT PLAN

Name:		First Year of Summer Entry:	
Address:	City:	Zip:	
Phone:	Email:		
Name of ADN Program Attending:	Date of ADN Entry:	Number of Courses Requested: <input type="checkbox"/> 1 <input type="checkbox"/> 2	
CSUDH Student ID#	CSUDH Email:		

I Acknowledge:

- I am a currently enrolled or admitted ADN student in good academic standing.
- I am not an International Student with a Student Visa.
- I understand that this plan does not guarantee official admission to the BSN program. I
- will meet ASAP with my community college counselor to verify that I meet the BSN prerequisite requirements in preparation for official admission.
- I give my permission to allow CSUDH to notify my Director that I am in the program on a continuing basis.

Signature:

Date:

You must submit:

- Participation Agreement
- Updated Unofficial Transcripts

STAFF USE ONLY

Student is approved for: **BSN 346** **BSN 307**

Do not send via mail. Form and documents must be submitted in one file via email in PDF format to prebsn@csudh.edu

Please complete using the fillable .pdf form. Hand written forms are not accepted.