Carefully tear this page along the perforation and keep for reference.

Excelsior College Enrollment Form

Information and Instructions

Congratulations on choosing to continue your education with Excelsior College.

In order to become a matriculated Excelsior College student, you must complete this Enrollment Form. You should have already completed the Undergraduate Application for Admission and received your preliminary review from the College indicating how your prior credits may apply toward your chosen degree along with an estimate of any additional credit still necessary to complete requirements. If you have not submitted an Undergraduate Application for Admission, please contact the Admissions Office toll free at 888-647-2388 (ext. 27) BEFORE completing this Enrollment Form.

Be sure to carefully read and completely fill out each section of this form. Questions regarding completion of this form may be directed to the Office of Registration and Records toll free at 888-647-2388 (ext. 141).

Verification of Student Identity

Excelsior College verifies student identity at the time of enrollment. To complete this process online, please log into your secure MyExcelsior page at www.excelsior.edu/MyExcelsior and click on the My Details tab to complete the verification requirement or complete and submit the ***notarized*** identity verification form included on page 9 of this Enrollment Form to the Office of Registration and Records, 7 Columbia Circle, Albany, NY 12203.

School of Nursing Candidates

Undergraduate nursing and RN to MS candidates **must** be admitted to the School of Nursing before completing this Enrollment Form and **must** hold current licensure and/or certification at the time of enrollment. If you have not submitted an Undergraduate Application for Admission, please contact the Admissions Office toll free at 888-647-2388 (ext. 27) BEFORE completing this Enrollment Form. Associate degree nursing students, please note that some state boards of nursing have additional requirements for licensure. Be sure to visit www.excelsior.edu/stateboards.

Enroll using the "Pay Your Way" payment plan administered by Nelnet Business Solutions

This payment plan offers a minimum of two to a maximum of six monthly payments. If you choose the payment plan, you must include the first payment with this Enrollment Form and complete the Nelnet Business Solutions Automatic Payment Agreement Form (on the back of the payment plan brochure) to authorize future payments. Both forms must be signed and mailed to Excelsior College in the enclosed preaddressed envelope.

Important Student Resources Available Online

The Student Policies Web page is a resource for understanding the general academic and administrative policies that are important to academic success. The policies cover a wide range of information, including important federal policies such as your right to privacy, policies governing student conduct, grading policies, and other helpful information. Access the policies directly at www.excelsior.edu/student-policies. **Policies and procedures that only apply to a specific degree program are described in the appropriate school catalog.**

You can access most of our student resources, including school catalogs, the student policies, the Using Exams to Complete Your Excelsior College Degree guide, and other information, including fees, payment options and plans, and financial aid information, at our website. Visit www.excelsior.edu/publications to access our most frequently downloaded publications. Enroll online at www.excelsior.edu/enroll.

We look forward to working with you.

EXCELSIOR COLLEGE®

7 Columbia Circle • Albany, New York 12203-5159
518-464-8500 • Toll Free: 888-647-2388 • TDD 518-464-8501
www.excelsior.edu

Excelsior College reserves the right to verify all transcripts/documents received to ensure authenticity. Submission of fraudulent documents will result in academic dismissal from the College.

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EXCELSIOR COLLEGE®

Enrollment Form

For Office Use
Special Population _____
_____
_____
Third Party _____

Please print or type all information requested and review responses for accuracy.

Social Security Number (USA) ☐☐☐ ☐☐ ☐☐☐☐
(Federal Aid applicants are required to provide their Social Security number).

Current Legal Name

Last (Family) Name | First (Given) Name | Middle Initial

Birth/Maiden Name (if different from current last name)

Other name(s) by which you may have been identified in relevant academic records

Permanent Address

Number and Street | Apt. or Suite Number

City | State | Zip Code | Country (if not USA)

Mailing Address (if different from permanent address)

Number and Street | Apt. or Suite Number

City | State | Zip Code | Country (if not USA)

Phone Numbers (please indicate "D" for day or "E" for evening)

Area Code ( ) ☐ (D/E) Area Code ( ) ☐ (D/E)
Home Phone | Business Phone | Business Extension

Email Address

Date of Birth ☐☐ ☐☐ ☐☐☐☐ **Gender (M = male; F = female)** ☐
Month Day Year

Do you have a high school/high school equivalency diploma? Yes ☐ No ☐

Enter the code number that represents your estimate of the total number of college credits you have earned through college courses, proficiency tests, military courses, and so forth. ☐

1 No credit/courses **2** 1–30 credits **3** 31–60 credits **4** 61–90 credits
5 91–126 credits **6** over 126 credits **7** Don't know

Please select the one response which best reflects your citizenship status.

☐ U.S. citizen ☐ U.S. permanent resident ☐ Foreign national

Is English your native language? Yes ☐ No ☐

If you are currently serving in the United States Armed Services, please enter the code number of the Branch: ☐☐

10 Army – Regular **30** Marines – Regular **50** Coast Guard – Regular
15 Army – Reserves **35** Marines – Reserves **55** Coast Guard – Reserves
20 Navy – Regular **40** Air Force – Regular **60** National Guard – Army
25 Navy – Reserves **45** Air Force – Reserves **65** National Guard – Air

Zip code of military base ☐☐☐☐☐ – ☐☐☐☐

MOS, NER, CGR, etc. ☐☐☐☐☐ **Pay Grade** ☐☐☐

Other military status: ☐ Military veteran ☐ Military family member with DoD card
☐ Dept. of Defense civilian employee

Military ID number: _____

Program Information

Enter an "X" in the box next to the program in which you are enrolling. **Select only one program.**

NURSING

(You must be admitted to the School of Nursing prior to enrolling.)

- ☐ **AAN** Associate in Applied Science in nursing
- ☐ **ASN** Associate in Science in nursing
- ☐ **BRN** BS Completion Program for RNs
- ☐ **MRN** RN to MS in nursing **(with specialization) see #1 below**

BUSINESS

- ☐ **AAB** Associate in Applied Science in Administrative/Management Studies
- ☐ **ASB** Associate in Science **(Business)**
- ☐ **BPB** Bachelor of Professional Studies in Business and Management
- ☐ **BSB** Bachelor of Science in Business **(with concentration) see #2 below**
- ☐ **MSB** Bachelor of Science in Business/Master of Business Administration **(with concentration) see #2 below**

HEALTH SCIENCES

- ☐ **BHC** Bachelor of Science in Health Care Management
- ☐ **BHS** Bachelor of Science in Health Sciences **(with area of emphasis) see #3 below**
- ☐ **BPH** Bachelor of Science in Public Health
- ☐ **MBH** Bachelor of Science in Health Sciences/Master of Science in Health Sciences
- ☐ **MHA** Bachelor of Science in Health Care Management/ Master of Business Administration

LIBERAL ARTS

- ☐ **AS** Associate in Science
- ☐ **AS** Associate in Science **(with concentration in Human Services) HUMSVC**
- ☐ **AA** Associate in Arts

Bachelor of Science in (select one of the following degrees):

- ☐ **BSL** Liberal Arts
- ☐ **HIST** History
- ☐ **NATSC** Natural Science
- ☐ **NATSC** Natural Science **(with concentration) see #4 on page 3**
- ☐ **PSYCH** Psychology
- ☐ **SOCSC** Social Science
- ☐ **SOCSC** Social Science **(with concentration) see #4 on page 3**

Bachelor of Arts in (select one of the following degrees):

- ☐ **BAL** Liberal Arts
- ☐ **HIST** History
- ☐ **HUM** Humanities
- ☐ **HUM** Humanities **(with concentration) see #4 on page 3**
- ☐ **PSYCH** Psychology

PUBLIC SERVICE

- ☐ **ACJ** Associate in Science in Criminal Justice

Bachelor of Science in (select one of the following degrees):

- ☐ **CJ** Criminal Justice **(you must choose a concentration) see #5 on page 3**
- ☐ **MILLD** Military Leadership

TECHNOLOGY

- ☐ **AAT** Associate in Applied Science in Technical Studies **(with concentration) see #7 on page 3**
- ☐ **AST** Associate in Science in Technology **(with area of focus) see #6 on page 3**
- ☐ **BCO** Bachelor of Science in Cyber Operations
- ☐ **BEL** Bachelor of Science in Electrical Engineering Technology **(with concentration) see #8 on page 3**
- ☐ **BIX** Bachelor of Science in Information Technology **(with concentration) see #9 on page 3**
- ☐ **BNX** Bachelor of Science in Nuclear Engineering Technology
- ☐ **BPT** Bachelor of Professional Studies in Technology Management **(with area of focus) see #10 on page 3**
- ☐ **BST** Bachelor of Science in Technology **(with area of focus) see #6 on page 3**
- ☐ **MBI** Bachelor of Science in Information Technology/Master of Business Administration **see #9 on page 3**
- ☐ **MIC** Bachelor of Science in Information Technology/Master of Science in Cybersecurity **see #9 on page 3**
- ☐ **MNT** Bachelor of Science in Nuclear Engineering Technology/ Master of Business Administration

Additional Program Information (if required, see above)

1. If you selected a program code of **MRN**, you must select one of the following specializations. Enter the specialization code in the box provided. *(Respond only if enrolling in MRN.)* ☐

INF Nursing Informatics | **NED** Nursing Education | **NLA** Nursing Leadership and Administration of Health Care Systems

2. If you selected a code of **BSB** or **MSB**, you must select one of the following concentration areas. Enter the concentration code in the box provided. *(Respond only if enrolling in BSB or MSB.)* ☐

ACCTG	General Accounting	**GLOBL**	Global Business	**MIS**	Management Information Systems
FIN	Finance	**MARK**	Marketing	**OPMNG**	Operations Management
GENBU	General Business	**MHR**	Management of Human Resources		

3. If you selected a code of **BHS**, you must select at least one of the following areas of emphasis. Enter the area of emphasis code in the box provided. *(Respond only if enrolling in BHS.)* ☐ ☐

EOL	End of Life	**HAW**	Health and Wellness	**MGT**	Management
GER	Gerontology	**HED**	Health Education	**PBH**	Public Health

Additional Program Information (if required, continued from page 2)

4. If you selected a **BA in Humanities** with a concentration or a **BS in Natural Science or Social Science** with a concentration in the School of Liberal Arts, you must select one concentration (See below).

HUM Humanities: **you must select a concentration**
(check one)
- ☐ *1) Communication*
- ☐ *2) Cultural Studies*
- ☐ *3) Fine Arts*
- ☐ *4) Literature*

NATSC Natural Science: **you must select a concentration**
(check one)
- ☐ *1) Biology*

SOCSC Social Science: **you must select a concentration**
(check one)
- ☐ *1) Environmental Studies*
- ☐ *2) Human Services*
- ☐ *3) International Relations*

5. If you selected a **BS in Criminal Justice** in the School of Public Service, you must select at least one concentration (See below).

CJ Criminal Justice: **you must select a concentration**
(check one)
- ☐ *1) Administration of Criminal Justice*
- ☐ *2) Homeland Security*
- ☐ *3) Investigative Forensics*
- ☐ *4) Law Enforcement and Public Safety*

6. If you selected a program code of **AST, or BST**, select one of the following areas of focus. Enter the technology area of focus code in the box provided. Military students should select the area of focus which corresponds to your MOS/Rating. *(Respond only if enrolling in AST, or BST.)*

COMPT Computer Technologies
ELECT Electromechanical Technologies
ELINT Electronic/Instrumentation Technologies
NUCLT Nuclear Technologies
POWRT Power Plant Technologies

7. If you selected a program code of **AAT**, select one of the following concentration areas. Enter the concentration code in the box provided. Military students should select the concentration which corresponds to your MOS/Rating. *(Respond only if enrolling in AAT with concentration)*

COMPT Computer Technologies
ELECT Electromechanical Technologies
ELINT Electronic/Instrumentation Technologies
NCPPT Nuclear Technologies/Power Plant Technologies

8. If you selected a program code of **BEL**, select one of the following concentration areas. Enter the concentration code in the box provided. *(Respond only if enrolling in BEL.)*

ELEC Electronics
NANO Nanotechnology
POWER Power Systems

9. If you selected a program code of **BIX, MBI, or MIC**, select one of the following concentration areas. Enter the concentration code in the box provided. *(Respond only if enrolling in BIX.)*

CYS Cybersecurity Technology
GEN General
INF Information Security
NETO Network Operations

10. If you selected a program code of **BPT**, select one of the following areas of focus. Enter the area of focus code in the box provided. *(Respond only if enrolling in BPT.)*

ELECT Electrical Technology
IT Information Technology
NUC Nuclear Technology
RE Renewable Energy Technology

Name: _____ Social Security #: _____

Electronic Delivery of Academic Evaluations

Whenever the College evaluates the credits you have earned, you will receive your My Academic Plan, the document that explains how credits earned will apply toward your academic program and which credits you still need to earn. We will notify you via email each time your academic plan is updated, and you can view this document at the Excelsior College website conveniently and without delay. Please make certain that you complete your email address on page 1 of this Enrollment Form.

☐ If you do not wish to receive electronic delivery of your academic evaluations, check this box to receive these documents in printed form.

Signature and Date (signature and date required)

I certify that the above statements are true and correct. I understand that false information or documents may result in dismissal from the College; and that it is my responsibility to submit a complete enrollment package. I agree that if accepted for enrollment in the College, I will comply with and be bound by all requirements and policies of the College, as set forth in this enrollment form, the student policies Web page, and the catalog pertaining to the program in which I am seeking to enroll. I have also read and understand the enrollment fee refund policy included in the *Undergraduate Tuition and Fee Schedule* and have read and understand the requirements for the enrollment option I selected as listed on the Payment Options page of this form. I also understand that my matriculation date is set at the time my initial evaluation is completed. My signature below indicates I have read the Required State Disclosure Notifications presented on the Excelsior College website (www.excelsior.edu/about/transparency).

Signature: _____ Date: _____

Employer Information

Are you currently employed? No ☐ Yes, part-time ☐ Yes, full-time ☐

If employed, who is your employer? _____

If employed, what is your job title? _____

_____

Number and Street Address of Employer Apt. or Suite Number

_____

City State Zip Code Country (if not USA)

Name: _____ Social Security #: _____

Active Duty/Guard/Reserve Military Authorization

As a student enrolling in Excelsior College, I agree to respond promptly to information requested by either my ESO/Education Counselor or Excelsior College regarding my studies, to notify my ESO/Education Counselor and Excelsior College of any change in name, address, or Social Security number, and to meet all of my financial obligations to Excelsior College. Since my ESO/Education Counselor will assist me in planning a course of study, I have authorized my ESO/Education Counselor to submit official documents on my behalf. I also authorize Excelsior College to release to my ESO/Education Counselor pertinent information regarding my status in Excelsior College, including copies of My Academic Plan and other information related to my studies and status in the program.

Signature: _____ Date: _____

Education Center Address: _____

_____

_____

Additional Documents Submitted for Evaluation

If you have additional college-level credits since submitting your undergraduate application and want them included in your initial evaluation, please list below. Official transcripts/documents are those that a college, testing, agency, or education office submits directly to Excelsior College, Office of Registration and Records, 7 Columbia Circle, Albany, NY, 12203-5159. **Note: The issuance date of the transcript must be within 3 weeks or less.**

_____

_____

_____

_____

Demographic Information

Please answer both questions (a) and (b) below.

(a) **Are you Hispanic or Latino/Latina?** Yes ☐ No ☐

(b) **Please select the racial/ethnic group(s) you identify with regardless of your answer to the above question (you may select more than one):**

☐ American Indian or Alaska Native ☐ Black or African American ☐ White

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

Please check the appropriate box(es) for any degree(s) you have already earned. Associate ☐ Baccalaureate ☐

Parental Education Level: Please mark the highest level of education received by your parents.

	Mother	Father
Did not finish high school	☐	☐
Graduated from high school	☐	☐
Attended some college but did not graduate	☐	☐
Completed an associate degree (AA, AS, AAS, etc.)	☐	☐
Completed a bachelor's degree (BA, BS, etc.)	☐	☐
Completed a master's degree (MA, MS, MBA, etc.)	☐	☐
Completed a doctorate degree (PhD, JD, MD, etc.)	☐	☐
Do not know	☐	☐

Household Income: In which of the following ranges does your annual household income fall?

Less than $24,999 ☐	$45,000 to $54,999 ☐	$85,000 to $99,999 ☐
$25,000 to $34,999 ☐	$55,000 to $69,999 ☐	$100,000 to $119,999 ☐
$35,000 to $44,999 ☐	$70,000 to $84,999 ☐	Over $120,000 ☐

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Name: _____ Social Security #: _____

Payment Options

Refer to the enclosed fee schedule (also available on our website at **www.excelsior.edu/publications**) for detailed information on our enrollment options and payment plans. If you have questions regarding current fees or enrollment options, contact our Admissions Office toll-free at 888-647-2388 (ext. 27). Questions regarding payment plans should be directed to the Bursar's Office (888-647-2388, ext. 1422).

1. Indicate the enrollment option of your choice. Payment can be made in full or through one of our convenient payment plans.

Options available to all candidates for any Excelsior College degree:

☐ **Excelsior Course Option.** There is no enrollment fee for students who agree to complete a **minimum of 12 Excelsior College course credits (6 course credits for Associate in Applied Science in Technical Studies or Administrative/Management Studies)** during their term of enrollment.

- ☐ **Payment in full is attached.**
- ☐ **Pay *Your* Way Payment Plan.** Choose from a minimum of two to a maximum of six monthly payments. Download, print, and complete your Enrollment Payment Plan Agreement Form by going to: **http://www.excelsior.edu/undergraduate-nbs-application** (Login Required)

☐ **Multi-Source Option.** Students pay the full enrollment fee. **Please note: Do not choose this option if you are enrolling in the BS Completion Program for RNs or the RN to MS in nursing (with specialization).**

- ☐ **Payment in full is attached.**
- ☐ **Pay *Your* Way Payment Plan.** Choose from a minimum of two to a maximum of six monthly payments. Download, print, and complete your Enrollment Payment Plan Agreement Form by going to: **http://www.excelsior.edu/undergraduate-nbs-application** (Login Required)

2. Include appropriate payment. Payment is made in full or by payment plan agreement. If using a payment plan, include the first payment as outlined in your selected plan. **Make your check or money order payable to Excelsior College** in U.S. dollars drawn on a U.S. bank, or complete the charge card authorization below. Do not send cash. This fee is nonrefundable. All fees are subject to change without notice.

Credit Card Authorization:
I authorize Excelsior College to charge _____ (or the current fee [refer to the enclosed fee schedule] at the time this form is received by Excelsior College) to my:

☐ **MasterCard** ☐ **Visa** ☐ **American Express** ☐ **Discover**

Credit Card Account Number: _____ Expiration Date: _____

Name of Cardholder (print): _____

Signature: _____

3. Complete the Identity Verification Form on page 9.

4. Mail or FAX your completed Enrollment Form and if applicable, payment in the enclosed preaddressed envelope to:

Excelsior College
Bursar's Office
7 Columbia Circle
Albany, NY 12203-5159

FAX: 518-464-8700

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Identity Verification

Instructions

Please complete all information on this form in the presence of a *Notary* or *Excelsior College employee*.
Mail to the Office of Registration and Records, Excelsior College, 7 Columbia Circle, Albany, NY 12203-5159.
***PLEASE NOTE: WE WILL NOT ACCEPT THIS FORM VIA FAX OR EMAIL**

Name: _____ **Last 4 digits of SSN:** _____ **Student ID Number:** _____
(First, Last)

Type of valid, government-issued, photo identification viewed by *Notary* or *Excelsior College employee:*

- ☐ Driver's License (or other state-issued photo ID)
- ☐ Passport
- ☐ Military DoD
- ☐ Other (valid, government-issued photo ID) _____

NOTE: You are required to provide a copy of the ID viewed along with this notarized form.

Student (must sign)

I attest that I am the above named person.

Signature: _____ Date: _____

Notary Identification Verification

State of _____ County of _____

I hereby certify that on this _____ day of _____, 20 ____, _____ personally appeared before me the signer and subject of the above form, who signed or attested to the same in my presence and presented the above valid form of identification as proof of his or her identity:

Notary Public: _____
(Print Name)

My Commission Expires: _____

Notary Public Signature: _____

Excelsior College Staff Use Only — Staff Identity Verification

I attest that I, _____, have viewed the above photo identification and verify the identity of _____ for the purposes of attending Excelsior College.

Excelsior College Employee Signature: _____ Date: _____

7 Columbia Circle • Albany, New York 12203-5159
518-464-8500 • Toll Free: 888-647-2388 • TDD 518-464-8501
www.excelsior.edu

Excelsior College does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, or sexual orientation in the educational programs and activities which it operates. Portions of this publication can be made available in a variety of formats upon request. Inquiries should be directed to the College's Affirmative Action Officer, Excelsior College, 7 Columbia Circle, Albany, NY 12203-5159.

Excelsior College is registered as a private institution with the Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.

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