Graduate Certificate Programs Application for Admission

EXCELSIOR COLLEGE®

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

Thank you for your interest in Excelsior College.

Your first step toward your degree is to complete this application. Please read it carefully and fill out each section completely. If you have any questions as you're completing this application, please call the Office of Registration and Records at 888-647-2388, ext. 141 (or 518-464-8500 if calling from outside the U.S. or Canada).

Required Documents

You are required to submit **official** transcripts as part of the application process. 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. Official transcripts must include: the institution's official seal; registrar's signature (this is usually a stamp); and two forms of student identification (e.g., Social Security number and current address, or current address and date of birth). **NOTE: The issuance date of the transcript must be within three weeks or less.** Do not submit unofficial copies as they cannot be used to evaluate your prior credits.

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.

School of Business & Technology Candidates

Please direct any questions you may have as you are completing this application to the Office of Registration and Records by calling 888-647-2388, ext 141.

School of Health Sciences Candidates

Please direct any questions you may have as you are completing this application to the Office of Registration and Records by calling 888-647-2388, ext 141.

School of Nursing Candidates

You are required to provide evidence of your active RN license (photocopy of license or letter from your state board of nursing).

International students must demonstrate that they have an equivalent U.S. Registered Nurse (RN) licensure **(see page 6)**.

Financial Aid

Students enrolled in a stand-alone certificate program are not eligible for Federal Student Aid (FSA). However, students enrolled in both a degree program and a certificate program may be eligible to have FSA apply toward the certificate courses provided these courses are applicable toward the degree requirements. To be considered for scholarship aid, complete the FAFSA (Free Application for

continued

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.

Federal Student Aid) at **http://www.fafsa.ed.gov/**. The FAFSA code for Excelsior College is 014251.

For more information on available financial aid options, visit **www.excelsior.edu/financialaid**.

International Transcripts

For evaluation of credentials from outside of the United States, you must use **ONE** of the following approved agencies:

- **Educational Credentials Evaluators, Inc. (ECE):** Order a Subject Analysis Report by visiting **www.ece.org/excelsior** or calling 414-289-3400.

  OR

- **World Education Services (WES)**: Order a comprehensive course-by-course report by visiting **www.wes.org** or calling 212-966-6311.

* **Please note:** If you have had an evaluation completed by WES and did not specifically note it was needed for Excelsior College, you must request an update to your evaluation by WES prior to submitting to Excelsior College.

International Candidates

International candidates from non-English speaking countries must show evidence of sufficient English language proficiency through **one** of the following three options:

1. Submission of TOEFL (Test of English as a Foreign Language) or IELTS (International English Language Testing System) taken within the last two years.
2. Successful completion of Excelsior College's ENGx111: English Composition or the UExcel ENGx110 College Writing examination.
3. Submission of evidence of the successful completion of at least nine credit hours of academic work in courses delivered in English at an institution of higher education in the United States.

We look forward to working with you.

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EXCELSIOR COLLEGE®

Graduate Certificate Programs Application for Admission

For Office Use	
Special Population	CAP-FGI
Third Party	

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

Social Security Number (USA) ☐☐☐ ☐☐ ☐☐☐☐

Current Legal Name

Last Name First 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 (include Rd. St., Ave., etc., as well as Apt. or Suite number if applicable)

City State Zip Code Country (if not USA)

Phone Numbers with Area Code (please indicate "D" for day or "E" for evening):

(Home) ☐ (D/E) (Business) ☐ (D/E) (Business Extension)

Email Address _____

Do you wish to receive Excelsior College updates via email broadcasts?

Yes, I would like to subscribe to this service. ☐ No, I do not wish to subscribe at this time. ☐

If you answer yes to subscribe to this service, be sure to add no-reply@excelsior.edu, TechSupport@excelsior.edu, or the excelsior.edu mail server to your email software's address book or allowed list. If you are using a spam filter or blocker that requires confirmation from the sender or is set to reject email from certain domains, this procedure is necessary in order to ensure that your receive Excelsior College correspondence.

Date of Birth (mm/dd/yyyy format) ☐☐ ☐☐ ☐☐☐☐ **Gender (M = male, F = female)** ☐

Have you ever been enrolled in any program at Excelsior College (formerly Regents College)?

Yes ☐ No ☐ If yes, when? _____

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

1 No credit/courses **2** 1–6 credits **3** 7–15 credits **4** 16–30 credits **5** over 30 credits

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

Do you plan to apply for financial assistance to include tuition assistance, institutional aid, scholarships, private loans, or federal aid? Yes ☐ No ☐

If eligible for tuition assistance, are you planning to use it at Excelsior College? 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

Other military status: ☐ Military veteran ☐ Military family member with DoD card

☐ Dept. of Defense civilian employee ☐ I am no longer affiliated with the military

Military ID number: _____

If you are eligible or currently receiving GI Bill benefits, please enter the code number of the chapter: ☐

70 MGIB-AD (Chapter 30)	**95** Educational Assistance Test Program (Section 901)	**105** Survivors' and Dependents' Educational Assistance Program (Chapter 35)	**010** Post-9/11 (Chapter 33)
75 MGIB-SR (Chapter 1606)	**100** Educational Assistance Pilot Program (Section 903)		**115** Vocational Rehabilitation
80 REAP (Chapter 1607)			**999** Not sure
85 VEAP (Chapter 32)			

Have you used your benefits previously? Yes ☐ No ☐ **If not, have you completed VA form 22-1990?** Yes ☐ No ☐

If you have used your benefits and are changing parent schools, have you completed VA form 22-1995? Yes ☐ No ☐

If you answered **No**, please complete the correct form online at **www.gibill.va.gov**.

If you have Chapter 31 Vocational Rehabilitation benefits, a 28-1905 form must be completed by your education counselor and submitted to the Bursar's Office for third party billing.

Certificate Program Information

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

SCHOOL OF BUSINESS & TECHNOLOGY

- ☐ Graduate Certificate in Cybersecurity Management

SCHOOL OF HEALTH SCIENCES

- ☐ Graduate Certificate Program in Health Care Informatics

SCHOOL OF NURSING

- ☐ Graduate Certificate in Nursing Leadership and Administration of Health Care Systems
- ☐ Post-Master's Certificate in Nursing Education

Documents Submitted for Evaluation

Transcripts*

List below each institution that will be submitting **official transcripts** on your behalf. Do not submit unofficial copies as they cannot be used to evaluate your prior credits. 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 *three weeks or less* and must have two forms of ID on the transcript (e.g., SS# and current address, current address and date of birth, last four numbers of your SS# and date of birth).

Official transcripts must be submitted by the request of the student. Excelsior College cannot request transcripts on the student's behalf. 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.

Name of College/University **City/State**

_____

_____

_____

_____

***Note: Nursing courses completed at institutions other than Excelsior College are only evaluated upon enrollment.**

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 Graduate Certificate Application for Admission.

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

Employer Information

Employer Name: _____

Job Title: _____

_____
Number and Street Apt. or Suite Number

_____
City State Zip Code Country (if not USA)

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 application 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 Graduate Certificate Application for Admission, the student policies, and the catalog pertaining to the program in which I am seeking to enroll. I have also read and understand the application fee refund policy included in the Graduate Tuition and Fee Schedule.

Signature: _____ Date: _____

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 ☐ Master's

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

Checklist of Application Materials

☐ Application fee ☐ This completed application form

Baccalaureate degree transcript:

☐ My baccalaureate degree was obtained through Regents College/Excelsior College.
I do not need to submit an official transcript for my undergraduate degree.

OR

☐ My baccalaureate degree transcript from _____ (institution name)
☐ is enclosed ☐ has been requested

☐ Official transcript of baccalaureate-level coursework and/or degree

School of Nursing Graduate Certificate in Nursing Leadership and Administration of Health Care Systems Candidates Only:

☐ Photocopy of RN license or a letter from your state board of nursing confirming your active registration.
International students must demonstrate that they have an equivalent U.S. Registered Nurse (RN) licensure (see page 6).

Name: _____ Social Security #: _____

Payment

When you submit this Graduate Certificate Programs Application for Admission, be sure to include payment of the current application fee (refer to the graduate fee schedule). If you are unsure of the current fee, please contact us toll free at 888-647-2388 (ext. 27). **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.

☐ **Payment in full is attached for the Excelsior College Graduate Certificate Programs Application for Admission Fee** (check, money order, or completed charge card authorization).

Credit Card Authorization:
I authorize Excelsior College to charge _____ (or the current fee — refer to the graduate 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: _____

Mail your completed application, payment, and all official documents to:
Bursar's Office
Excelsior College
7 Columbia Circle
Albany, NY 12203-5159

FAX: 518-464-8700

*Official documentation/transcripts must be mailed. They will not be accepted if sent by FAX.

International Nurses
School of Nursing Candidates

In addition to official transcripts, nursing candidates must demonstrate that they have an equivalent U.S. Registered Nurse (RN) licensure. To be eligible for admission, the applicant must be a graduate from an approved school of nursing in their country of education and hold a current, unencumbered nursing license (if licensed in multiple jurisdictions and/or countries, all licenses must be unencumbered). All nursing school transcripts and all licenses will be validated by primary source verification.

International candidates must apply to the Commission on Graduate of Foreign Nursing Schools (CGFNS) New York Credential Verification Service (NYCVS) and the New York State Education Department (NYSED) to have their foreign nursing education evaluated and approved by the aforementioned organizations. For more information, visit

http://www.cgfns.org/sections/programs/cvs/

Since the NYSED only issues an official NCLEX eligibility document to applicants directly, and will not send the document to Excelsior College, international applicants must forward the unopened official NCLEX eligibility document to Excelsior College. When international applicants receive the official NYSED document in its sealed envelope, they must insert the unopened envelope into an outer envelope and forward it to Excelsior College. International applicants should also write their full name, permanent address, and date of birth on the outer envelope.

The evaluation of credentials from outside the United States, all applicants must use one of the approved agencies noted previously. CGFNS New York Credential Verification Service (NYCVS) and the International Consultants of Delaware (ICD) Course by Course Services are offering Excelsior College applicants a discount when using their combined services. This bundle service package represents significant savings with a discount being applied to the ICD Course by Course Service. This one-stop service helps applicants reduce expenses and save time in completing all the required procedures necessary for admission. If applicants choose to apply for NYCVS and the Course by Course Service separately, they will pay the full price. Applicants who wish to take advantage of this bundle service package must visit

https://www.cgfns.org/cerpassweb/contactUs.do

and submit their questions to Ms. Janette McCoy at CGFNS. After connecting to the Web page, please follow the instructions below to submit your questions.

- Ignore the error or warning texts in red.
- For the "Who are you?" question, please select "Other" from the dropdown list.
- Answer the questions by providing your first name, last name, and email address.
- Select "Credential Verification Service for New York State" radio button under "Service."
- Select the last option "NY/Excelsior" from the dropdown list under "Subject."
- Type in your questions or comments, then click "Submit Form" button. Your email will be directed to Ms. Janette McCoy's attention at CGFNS.

All official documents must be in sealed envelopes from the original source. In the event that Excelsior College receives an opened document, it will be considered unofficial and will not be considered for eligibility or evaluation; the opened document will be returned to the applicant. In this case, it becomes the applicant's responsibility to contact NYSED or ICD and request another official copy to be forwarded, unopened, to Excelsior College by the applicant.

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 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.

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