

# NURSING UNDERGRADUATE AND GRADUATE APPLICATION FOR ADMISSION

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

**Social Security Number (USA)** (Federal Aid applicants are required to provide their SSN)

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## FOR OFFICE USE ONLY

Special Population

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Third Party

\_\_\_\_\_

## 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

## Mailing address

Number and street (include Rd., St., Ave., etc., as well as Apt. or Suite number if applicable)

Number and street (include Rd., St., Ave., etc., as well as Apt. or Suite number if applicable)

City

State

City

State

Zip code

Country (If not USA)

Zip code

Country (If not USA)

## Contact information

 (Indicate (D)ay or (E)vening)

Home phone

(d)/(e)

Business phone

Extension

(d)/(e)

Mobile phone

(d)/(e)

Email address

## Electronic Communications Consent

### 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 above.

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

### Excelsior College Updates

No, I do not wish to receive Excelsior College updates via email broadcasts.

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 you receive Excelsior College correspondence.

Date of birth (mm/dd/yyyy format)

□□ / □□ / □□□□□□

Gender

□

**Have you graduated from high school, received a GED, or completed a High School Equivalency Test in the past 12 months?**

- It has been longer than 12 months since I graduated from high school, earned my GED or High School Equivalency Test
- Yes, I graduated from high school in the past 12 months.  Yes, I have obtained my GED or High School Equivalency Test in the last 12 months.
- No

Since completing high school, have you taken at least one course in any college, university, or technical school?  Yes  No

If yes, list all previously earned degree(s):

TYPE OF DEGREE	DATE DEGREE EARNED	INSTITUTION GRANTING DEGREE	CHECK IF YOU ARE SENDING A TRANSCRIPT
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

See 5 for information regarding transcripts.

From the list below, enter the code number which 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 to 30 credits | **3:** 31 to 60 credits | **4:** 61 to 90 credits | **5:** 91 to 126 credits | **6:** Over 126 credits | **7:** I don't know

Are you Hispanic or Latino/Latina?  Yes  No

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 select the one response which best reflects your citizenship status:  U.S. citizen  U.S. permanent resident  Foreign national

Is English your first language?  Yes  No

International Students (Only): Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

**Have you taken any English proficiency examinations?**

- IELTS  Yes Score \_\_\_\_\_ Date Taken \_\_\_\_\_
- MELAB  Yes Score \_\_\_\_\_ Date Taken \_\_\_\_\_
- TOEFL  Yes Score \_\_\_\_\_ Date Taken \_\_\_\_\_

Others: \_\_\_\_\_  
 \_\_\_\_\_

If you are currently serving in the United States Armed Services, enter the two digit code number of the branch:

<b>10</b> Army (Regular)	<b>30</b> Marines (Regular)	<b>50</b> Coast Guard (Regular)
<b>15</b> Army (Reserves)	<b>35</b> Marines (Reserves)	<b>55</b> Coast Guard (Reserves)
<b>20</b> Navy (Regular)	<b>40</b> Air Force (Regular)	<b>60</b> National Guard (Army)
<b>25</b> Navy (Reserves)	<b>45</b> Air Force (Reserves)	<b>65</b> National Guard (Air)

Other military status:  Military veteran  Military family member with Department of Defense card  Department of Defense civilian employee

Military ID Number \_\_\_\_\_ Base zip code      -      Pay Grade

MOS, NER, CGR, etc.

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

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

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, complete the correct form online at [www.gibill.va.gov](http://www.gibill.va.gov).

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

Yes  No    If Yes, when? \_\_\_\_\_

Before selecting a degree program, see admission requirements beginning on page 6

## Undergraduate Degree Selection (Select only one program)

### NURSING

Note the admissions eligibility requirements on page 6.

- AAS** Associate in Applied Science/  
Associate in Science in nursing
- BRN** BS Completion Program (RNs only)
- BMRN** RN to MS in nursing <sup>①②</sup>  
*Area of specialization (select one).*
  - NLA** Nursing Leadership and  
Administration of Health Care Systems
  - NED** Nursing Education
  - INF** Nursing Informatics

## Graduate Degree Selection

### NURSING

- MSN** Master of Science in Nursing  
*Area of specialization (select one).*
  - NLA** Nursing Leadership and Administration of  
Health Care Systems
  - NED** Nursing Education
  - INF** Nursing Informatics

① If you have earned a bachelor's degree in nursing from a regionally accredited institution and hold a valid and current U.S. RN license, you may be interested in pursuing our Master of Science in nursing degree. If so, call an enrollment counselor before completing this application.

② MRN applicants must submit a completed MS capstone requirement form ([excelsior.edu/capstone](http://excelsior.edu/capstone)).

## 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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employer Information

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

If employed, who is your employer? \_\_\_\_\_  
Name of employer

Number and street address of employer \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if not USA) \_\_\_\_\_

If employed, what is your job title? \_\_\_\_\_  
Job title

Check the appropriate box(es) for any degree(s) you have already earned:  Associate  Baccalaureate

### Parental Education Level

	Mother	Father
Did not finish high school	<input type="checkbox"/>	<input type="checkbox"/>
Attended some college but did not graduate	<input type="checkbox"/>	<input type="checkbox"/>
Completed an associate degree (AA, AS, AAS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Completed a bachelor's degree (BA, BS, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Completed a master's degree (MA, MS, MBA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Completed a doctorate degree (PhD, JD, MD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Do not know	<input type="checkbox"/>	<input type="checkbox"/>

### Your annual household income

<input type="checkbox"/> Less than \$24,999	<input type="checkbox"/> \$70,000 to \$84,999
<input type="checkbox"/> \$25,000 to \$34,999	<input type="checkbox"/> \$85,000 to \$99,999
<input type="checkbox"/> \$35,000 to \$44,999	<input type="checkbox"/> \$100,000 to \$119,999
<input type="checkbox"/> \$45,000 to \$54,999	<input type="checkbox"/> Over \$120,000
<input type="checkbox"/> \$55,000 to \$69,999	

## Documents Submitted for Evaluation

### Transcripts

List each institution that will be submitting official transcripts on your behalf. Only list institutions from which you have previously earned college-level credits and that you would like to be considered. We will process your application once all official transcripts listed have been received. Do not submit unofficial transcripts as they cannot be used to evaluate your prior credits. Official transcripts 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. Social Security number and current address, current address and date of birth, last four numbers of your Social Security number and date of birth).

**Official transcripts must be submitted at the request of the student.** Excelsior College does not 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
Name of college/university	City	State
Name of college/university	City	State

### Examination Transcripts

List any exams from which you will have score reports submitted (Excelsior College® Examinations, UExcel®, CLEP Exams, DANTES Exams, or Advanced Placement (AP)):

Type of exam	Exam title	Year taken
Type of exam	Exam title	Year taken
Type of exam	Exam title	Year taken

### Professional/Corporate Training Courses

List completed professional/corporate training that has been evaluated by ACE or National College Credit Recommendation Service:

Organization	Year taken
Organization	Year taken
Organization	Year taken

### For graduate students only

List all previously completed graduate-level courses submitted for consideration. (Include syllabus and/or catalog description for any course for which content cannot clearly be determined by the title. For School of Nursing candidates, the course syllabus is required.)

PREFIX	TITLE	TERM/ YEAR TAKEN	INSTITUTION	GRADE

## Instructions and Admission Requirements

Nursing courses completed at institutions other than Excelsior College are only evaluated upon enrollment. **Associate degree in nursing students only:** Note some state boards of nursing have additional requirements for licensure. Be sure to visit [www.excelsior.edu/board\\_requirements](http://www.excelsior.edu/board_requirements) for current information specific to each state.

**Associate degree in nursing program** (please check the box corresponding to your current level of nursing experience):

**Note:** If you do not see your health care profession listed, you are not eligible for admission to the associate nursing degree programs at this time. Before continuing with this application, please stop here and call admissions at 888-647-2388, ext. 2 to discuss eligibility as the application fee is non-refundable.

<input type="checkbox"/> <b>Licensed Practical or Vocational Nurse (LPN or LVN)</b>	We are usually able to verify most LPN/LVN licenses online with the exception of Louisiana. Therefore, Louisiana applicants must submit their license.
<input type="checkbox"/> <b>Paramedic</b>	Copy of current state or national certification.
<input type="checkbox"/> <b>Certain Classifications of Military Medical Personnel (see below)</b>	Official JST (Joint Services Transcript) or CCAF transcript. Additional documentation may be required. See <b>Associate Nursing Admission Criteria for Military Personnel</b> .

### Additional criteria for associate degree nursing students (including military personnel)

In addition to qualifying for admission by meeting one of the valid health care backgrounds noted above, **you must also meet both criteria below:**

- ▶ Earn the minimum required score, as established by the School of Nursing, on the Test of Essential Academic Skills (TEAS). The scores noted below must be earned on a single attempt and no more than one year prior to your application date: **Reading: 69% Mathematics: 63.3% Science: 45.8% English: 60%**

**Note:** There are no exceptions to the above. You should not submit an application until you have achieved the required scores noted above and met all other eligibility criteria in effect at that time. TEAS score reports must be requested and sent directly from ATI ([www.atitesting.com](http://www.atitesting.com)). For detailed instructions on creating and registering an account with ATI as well as purchasing your TEAS scores, visit [www.excelsior.edu/programs/nursing/nursing-associate-degree](http://www.excelsior.edu/programs/nursing/nursing-associate-degree) and click on the Policy Changes link on the right-hand side of the page.

**Note:** When you register for the TEAS, you must provide ATI with your date of birth (MM/DD) and the same email address you provided to Excelsior College. These two unique identifiers are necessary to match your TEAS transcript with your Excelsior College student record. Without them we cannot ensure acceptance of your score.

- ▶ Submit a completed Verification of Health Care Experience (VHCE) form, signed by your supervisor. The VHCE form expires three (3) months from the date of your supervisor's signature. You may download this form from [www.excelsior.edu/vhce](http://www.excelsior.edu/vhce).

**Important:** In addition to submitting a VHCE form upon application to the program, students will need to submit a new VHCE form no more than three (3) months prior to FCCA eligibility.

## Associate Nursing Admission Criteria for Military Personnel

The following military occupations meet the Excelsior College School of Nursing admission criteria.

**Active Duty:** Admission is limited to service members who are on active duty, National Guard, or reserves, and currently working in one of the military occupations noted below.

(See the **Additional criteria for associate degree nursing students** on 6.)

Primary Army MOS	
HEALTH CARE SPECIALIST	68W (w/specific Army Skill Identifiers <sup>①</sup> ) <ul style="list-style-type: none"> <li>▶ F2 Army Flight Paramedic</li> <li>▶ F3 Army Flight Medic</li> <li>▶ M6 Army LPN (pre-October 1, 2013)</li> <li>▶ W1 Special Operations Combat Medic</li> </ul>
SPECIAL FORCES MEDICAL SGT.	18D
PRACTICAL NURSE SPECIALIST	68C
CIVIL AFFAIRS MEDICAL TRAUMA SERGEANT	38B
<sup>①</sup> Army Special Skill Identifiers are noted on the official JST (Joint Services Transcript) and/or on an Army ERB (Enlisted Record Brief) or NCOER (Noncommissioned Officer Evaluation Report). <b>Official copy is required.</b>	

Coast Guard rating	
HEALTH SERVICES TECHNICIAN	HS

Navy rating/classification	
HOSPITALMAN	NER HN
HOSPITAL CORPSMAN	NER HM
INDEPENDENT DUTY CORPSMAN	NEC 8425
NAVY SPECIAL WARFARE MEDIC	NEC 5392 <sup>①</sup>
<sup>①</sup> In addition to holding the NEC rating, the applicant must also have completed Army course Special Operations Combat Medic (SOCM) ACE Guide Number AR-0801-0036 on/after October 2005.	

Air Force AFSC (NOTE: "X" indicates level; e.g. 1, 3, 5, etc.)	
MEDICAL SERVICE SPECIALIST	4N0X1
AEROMEDICAL SPECIALIST	4F0X1
PARARESCUE	1T2X1

## For All Nursing Students

Nursing courses completed at institutions other than Excelsior College are only evaluated upon enrollment. For up to three licenses/certifications, indicate:

State in which you hold your certification or licensure	License number	License expiration date	Former name(s) by which you have been identified

## International Nurses

Admission to the associate degree in nursing program is not open to international students. Visit [international.excelsior.edu](http://international.excelsior.edu) for more information.

In addition to official transcripts, nursing candidates must demonstrate that they have an equivalent U.S. Registered Nurse (RN) license. 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 Graduates of Foreign Nursing Schools International (CGFNS International), 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 [www.cgfns.org/sections/programs/cvs/](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.

For 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. Applicants who choose to apply for NYCVS and the ICD Course by Course service separately 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 webpage, 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 drop-down 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 drop-down 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.

## RN to BS in nursing and RN to MS in nursing Programs

**Admission to both the BS in nursing program and RN to MS in nursing program is limited to Registered Nurses (RNs) who are currently licensed in the U.S.**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Registered Nurse (RN)</b> | <i>You must submit an official transcript showing the completion of associate degree nursing education or RN diploma education.<sup>①</sup> In addition, we require a copy of your active, current <b>unencumbered</b> U.S. RN license with an expiration date. In most cases, we are able to verify your license online but if we cannot do that we will contact you and request that you submit it to us.</i><br><b>NOTE:</b> MRN applicants must submit a completed MS Capstone Requirement form ( <a href="http://www.excelsior.edu/capstone">www.excelsior.edu/capstone</a> ). |
|---|---|

<sup>①</sup> Your associate nursing or RN diploma education must be earned from a New York State (NYSED) approved program or a program with specialty accreditation or a regionally accredited college.

## Graduate Degree Candidates: Special Instructions and Admission Requirements

**Note:** Admission to the graduate program requires a bachelor’s degree in nursing from a regionally accredited college or university or the foreign equivalent. Applicants with a bachelor’s degree in another field and an active and unencumbered RN license should apply to the RN to MS program.

If you have any questions as you complete this application, contact the Admissions Office at 888-647-2388, ext. 2, or email [GradAdmissions@excelsior.edu](mailto:GradAdmissions@excelsior.edu).

### Checklist of Application Materials

- My bachelor’s degree was obtained through Regents College/Excelsior College. I do not need to submit an official transcript for my undergraduate degree.
- My bachelor’s degree transcript has been requested.  
\_\_\_\_\_ College name
- Official transcript from a regionally accredited college or university or the foreign equivalent confirming completion of a Bachelor of Science in Nursing
- Photocopy of **unencumbered** RN license or a letter from your state board of nursing confirming your active and current registration
- A completed MS Capstone Requirement form ([www.excelsior.edu/capstone](http://www.excelsior.edu/capstone))

International students must demonstrate that they have an equivalent U.S. Registered Nurse (RN) licensure to apply to the Master of Science in Nursing program.



## 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 all required information. 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 form, the student policies webpage, and the catalog pertaining to the program in which I am seeking to enroll. My signature below indicates I have read the Required State Disclosure Notifications presented on the Excelsior College website ([www.excelsior.edu/about/transparency](http://www.excelsior.edu/about/transparency)).

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Mailing/Payment Instructions

Please include your \$50 non-refundable application fee with this application. 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.**

**Note:** The \$50 application fee is waived for veterans, as well as academic and corporate partners. Military servicemembers and military family members are only required to apply and pay the \$50 application fee for programs in the School of Nursing.

Check enclosed     Money order enclosed

### Credit card authorization

I authorize Excelsior College to charge \_\_\_\_\_ (or the current fee at the time this form is received by Excelsior College) to my:

Mastercard     Visa     Discover     American Express

Credit card account number \_\_\_\_\_

Expiration date \_\_\_\_\_

Name of cardholder \_\_\_\_\_

Signature \_\_\_\_\_

### Mail or fax your completed application and payment to:

Excelsior College Bursar's Office  
7 Columbia Circle, Albany, NY 12203-5159  
FAX: 518-464-8700



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

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