NURSING ALUMNI
UNDERGRADUATE APPLICATION FOR ADMISSION AND ENROLLMENT AGREEMENT

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

FOR OFFICE USE ONLY
HIVFW

Special Population

Third Party

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

☐☐☐-☐☐-☐☐☐☐

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

City | State

Zip code | Country (If not USA)

Mailing 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)

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
			☐
			☐
			☐

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:

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 Department of Defense card ☐ Department of Defense civilian employee

_____ **Base zip code** ☐☐☐☐☐-☐☐☐☐ **Pay Grade** ☐☐☐

Military ID Number

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.

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 5

Undergraduate Degree Selection (Select only one program)

NURSING

Note the admissions eligibility requirements on page 6.

- ☐ **BS** Bachelor of Science in Nursing Completion Program (RNs only)
- ☐ **RN to MSNE** RN to Master of Science in Nursing Education ①②
- ☐ **RN to MSNI** RN to Master of Science in Nursing Informatics ①②
- ☐ **RN to MSNL** RN to Master of Science in Nursing Leadership and Administration of Health Care Systems①②

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

_____

_____

_____

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).

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	☐	☐
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	☐	☐

Your annual household income

☐	Less than $24,999	☐	$70,000 to $84,999
☐	$25,000 to $34,999	☐	$85,000 to $99,999
☐	$35,000 to $44,999	☐	$100,000 to $119,999
☐	$45,000 to $54,999	☐	Over $120,000
☐	$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 the Registrar, 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 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 for more information.

Admission to the RN to BS and RN to MS is open to international students. In addition to official transcripts, nursing candidates must demonstrate that they hold an equivalent U.S. Registered Nurse (RN) license. 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/.

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.		
☐	**Registered Nurse (RN)**	*You must submit an official transcript showing the completion of associate degree nursing education or RN diploma education.*[1] *In addition, we require a copy of your active, current* ***unencumbered*** *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.* **NOTE:** RN to MS applicants must submit a completed MS Capstone Requirement form (www.excelsior.edu/capstone).

① 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.

Enrollment Agreement

Complete and submit this form indicating your enrollment option and acknowledging the terms of enrollment.

Student Name _____ Date _____

Degree _____

The degree listed above must be the same degree selected on page 3.

Refer to the fee schedules (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. Questions regarding payment plans should be directed to the Student Accounting Office (888-647-2388, ext. 3).

A. Undergraduate Student Enrollment Options

Indicate the option of your choice. Payment can be made in full or through one of our convenient payment plans. The options are available to all undergraduate candidates for any Excelsior College degree.

☐ **Excelsior Course Option**

There is no 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. For military and military family students who agree to complete a minimum of 9 Excelsior College course credits for associate degrees and 15 Excelsior College course credits for bachelor's degrees during their term of enrollment, there is no fee.

☐ **Multi-Source Option**

Students pay the full multi-source fee of **$1,095.** Military servicemembers, veterans, and military family members pay **$760**[1]**.**

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[2]. Choose from a minimum of two to a maximum of six monthly payments. Download, print, and complete your Enrollment Payment Plan Agreement Form at www.excelsior.edu/undergraduate-nbs-application (login required).

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).

I understand that in order to be considered an enrolled student at Excelsior College, I must engage in credit-bearing activity within six months of submission of this Enrollment Agreement. Credit-bearing activity at Excelsior College includes registering for an Excelsior course or exam and/or transferring in new credit (this must be credit that does not appear on the initial evaluation). Failure to engage in credit-bearing activity within six months will result in the expiration of my admission status, at which point I would be required to re-apply. I have also read and understand the multi-source fee refund policy included in the tuition and fee schedules and have read and understand the requirements for the enrollment option I selected as listed in the payment options section of this form.

_____ _____

Signature Date

Submit your completed Application and Enrollment Agreement to **advising@excelsior.edu** or mail to the address below.

① The fee for military servicemembers, veterans, and military family members applies to all branches, active duty, National Guard, Reserve, and military family members who hold a U.S. Uniformed Services Identification and Privilege Card.

② 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 Agreement and complete the Nelnet Business Solutions Automatic Payment Agreement Form to authorize future payments. Both forms must be signed and submitted to Excelsior College.

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**

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