Undergraduate and Graduate Admission

Congratulations on taking the next step toward earning your degree.

NEXT STEPS:

1. **Carefully read and completely fill out each section of this form.** Questions regarding this form may be directed to the Office of Admissions toll-free at **888-647-2388.**

2. Request that official transcripts be sent directly to Excelsior College, Office of Registration and Records, 7 Columbia Circle, Albany, NY 12203-5159. Official transcripts are those that a college, testing agency, or education office submits directly to Excelsior College. The issuance date of the transcript must be within three weeks or less.

3. Complete the FAFSA (Free Application for Federal Student Aid) to be considered for financial assistance such as federal grants and loans, institutional scholarships, and private loans. For more information, go to **www.excelsior.edu/FinancialAid**. Students registered for examinations are not eligible for federal student aid but may qualify for institutional scholarships.

GRADUATE DEGREE CANDIDATES

Turn to page 10 for admission requirements and special instructions.

INTERNATIONAL CANDIDATES

Visit **international.excelsior.edu** for admission requirements and special instructions.

UNDERGRADUATE AND GRADUATE APPLICATION FOR ADMISSION

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

FOR OFFICE USE ONLY

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) | Nickname/Phonetic Name (By which you may have been identified in relevant academic records)

Permanent address (required)

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)

Please provide the state or territory where you will be physically located while taking your online course(s)

Contact information (Indicate (M)orning (A)fternoon or (E)vening)

Mobile phone ( ) **(m)/(a)/(e)** | Preferred Home phone ( ) **(m)/(a)/(e)** | Other phone ( ) **(m)/(a)/(e)**

Email address | Communication Preference: Phone or Email

I authorize Excelsior College and its agents to contact me at my current and any future mobile devices and email address via text messages, personal calls, email for purpose related to my education. SMS admissions: ☐ Opt in ☐ Opt out **SMS advising:** ☐ Opt in ☐ Opt out

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) ☐☐/☐☐/☐☐☐☐ **Please select your sex** **Male** ☐ **Female** ☐

If you would like the opportunity, please provide your pronoun. _____

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 or 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 page 8 for information regarding transcripts.

Are you Hispanic/Latino/Latina? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Are you a U.S. citizen or eligible noncitizen?

☐ U.S. Citizen or U.S. National ☐ U.S. Dual Citizen ☐ U.S. Permanent Resident ☐ U.S. Refugee or Asylee ☐ International/Non-U.S. Citizen

Is English your native language? ☐ Yes ☐ No

If English is not your native language, what is your English proficiency? ☐ Beginner ☐ Intermediate ☐ Advance

International/Non-U.S. Citizen, what is your country of citizenship?

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: ☐ None ☐ Military Family Member ☐ Dept of Defense Civilian ☐ Veteran ☐ National Guard

Base Name _____

☐ **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.**

Please enter your discharge date _____

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

☐ Yes ☐ No If Yes, when? _____

Undergraduate Degree Selection (Select only one program)

Term: ☐ Fall I ☐ Fall II ☐ Spring I ☐ Spring II ☐ Summer I ☐ Summer II _____Year

BUSINESS

- ☐ **AAB** Associate in Applied Science in Administrative/Management Studies
- ☐ **BPB** Bachelor of Professional Studies—Business and Management
- ☐ **BSB** Bachelor of Science in Business
  Area of concentration (select one)
  - ☐ **ACCTG** General Accounting
  - ☐ **FIN** Finance
  - ☐ **GENBU** General Business
  - ☐ **LM** Logistics Management
  - ☐ **MHR** Management of Human Resources
  - ☐ **MARK** Marketing

HEALTH SCIENCES

- ☐ **AHS** Associate in Science in Health Sciences
- ☐ **BHS** Bachelor of Science in Health Sciences
  Area of emphasis (select one)
  - ☐ No emphasis
  - ☐ **HAW** Health and Wellness
  - ☐ MGT Management
  - ☐ PBH Public Health
- ☐ **BHC** Bachelor of Science in Health Care Management

LIBERAL ARTS

- ☐ **AS** Associate in Science in Liberal Arts
- ☐ **BSL** Bachelor of Science in Liberal Arts
  Area of concentration (select one)
  - ☐ No concentration
  - ☐ **LOG** Logistics Operations Management
- ☐ **BS** Bachelor of Science in History
- ☐ **BS** Bachelor of Science in Natural Sciences
  Area of concentration (select one)
  - ☐ **NATSC** No concentration
  - ☐ **BIO** Biology
- ☐ **BS** Bachelor of Science in Psychology
- ☐ **BS** Bachelor of Science in Social Sciences
  Area of concentration (select one)
  - ☐ **SOCSC** No concentration
  - ☐ **HR** Human Services
- ☐ **BAL** Bachelor of Arts in Liberal Arts

Public Service

- ☐ **ACJ** Associate in Science in Criminal Justice
- ☐ **BSP** Bachelor of Science in Criminal Justice
  Area of concentration (select one)
  - ☐ No concentration
  - ☐ **CJ-H** Homeland Security
- ☐ **BHE** Bachelor of Science in Homeland Security and Emergency Management
  Area of emphasis (select one)
  - ☐ **OP** Open Emphasis
- ☐ **BSP** Bachelor of Science in Military Leadership
- ☐ **BSP** Bachelor of Science in National Security
  Area of concentration (select one)
  - ☐ **INSA** Intelligence and Security Analysis
  - ☐ **TOPIC** Topics in National Security

TECHNOLOGY

- ☐ **AAT** Associate in Applied Science in Technical Studies
  Military students should select the concentration which corresponds to their MOS/Rating.
  Area of concentration (select one)
  - ☐ **COMPT** Computer Technologies
  - ☐ ELECT Electromechanical Technologies
  - ☐ **ELINT** Electronic/Instrumentation Technologies
  - ☐ NCPPT Nuclear Technologies/ Power Plant Technologies
- ☐ **BCY** Bachelor of Science in Cybersecurity
  Area of concentration (select one)
  - ☐ **GEN** General Track
  - ☐ **COPS** Cyber Operations
- ☐ **BPT** Bachelor of Professional Studies—Technology Management
  Area of concentration (select one)
  - ☐ **EL** Electrical Technology
  - ☐ IT Information Technology
  - ☐ **NU** Nuclear Technology
  - ☐ RE Renewable Energy Technology
- ☐ **BEL** Bachelor of Science in Electrical Engineering Technology (ABET accredited)
  Area of concentration (select one)
  - ☐ **ELEC** Electronics
  - ☐ **POWER** Power Systems
- ☐ **BIX** Bachelor of Science in Information Technology (ABET accredited)
  Area of concentration (select one)
  - ☐ **CYS** Cybersecurity Technology
  - ☐ GEN General
  - ☐ NETO Network Operations
- ☐ **BNX** Bachelor of Science in Nuclear Engineering Technology (ABET accredited)
  Area of undergraduate concentration (select one)
  - ☐ General
  - ☐ **NC** Nuclear Cybersecurity
  - ☐ **NL** Nuclear Leadership

Graduate Degree and Certificate Selection (Select only one program)

Term: ☐ Fall I ☐ Fall II ☐ Spring I ☐ Spring II ☐ Summer I ☐ Summer II _____Year

BUSINESS

☐ **MBA** Master of Business Administration

Area of concentration (select one)

- ☐ **GEN** General Business
- ☐ ACFI Finance and Accounting
- ☐ CBC Cannabis Control
- ☐ HCM Health Care Management
- ☐ HR Human Resource Management
- ☐ LDR Leadership
- ☐ MKTG Marketing

☐ **MSM** Master of Science in Management

Area of concentration (select one)

- ☐ **GENB** General Business Management
- ☐ HRM Human Resource Management
- ☐ OL Organizational Leadership

☐ **MHR** Master of Science in Human Resource Management with an Emphasis in Diversity and Technology

☐ **MOL** Master of Science in Organizational Leadership with an Emphasis in Technology and Data Analytics

GRADUATE CERTIFICATES

☐ **CPM** Graduate Certificate in Advanced Project Management

☐ **CBC** Graduate Certificate in Cannabis Control

☐ **CDA** Graduate Certificate in Data Analytics

☐ **CDW** Graduate Certificate in Distributed Workforce Management

☐ **CCO** Graduate Certificate in Cybersecurity Operations

☐ **CEM** Graduate Certificate in Homeland Security and Emergency Management

☐ **CLD** Graduate Certificate in Leadership

☐ **CNU** Graduate Certificate in Nutrition

☐ **CPH** Graduate Certificate in Public Health Equity

Graduate certificates are not eligible for federal financial aid.

HEALTH SCIENCES

☐ **MHC** Master of Science in Health Care Administration

☐ **MHS** Master of Science in Health Sciences

Area of concentration (select one)

- ☐ **GEN** General Track
- ☐ **CBC** Cannabis Control
- ☐ **PH** Public Health

PUBLIC SERVICE

☐ **MCJ** Master of Science in Criminal Justice

Area of concentration (select one)

- ☐ No concentration
- ☐ **CBC** Cannabis Control
- ☐ **HS** Homeland Security and Emergency Management

☐ **MPA** Master of Public Administration

Area of concentration (select one)

- ☐ No concentration
- ☐ **CBC** Cannabis Control

TECHNOLOGY

☐ **MCY** Master of Science in Cybersecurity

Area of concentration (select one)

- ☐ **GEN** General Track
- ☐ **INFAS** Information Assurance

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

Degree	Year	Name of college/university
Degree	Year	Name of college/university
Degree	Year	Name of college/university

Parental Education Level

	Parent 1	Parent 2
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		

All Applicants: 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 the National College Credit Recommendation Service:

Organization | Year taken

Organization | Year taken

Organization | Year taken

Military/Professional Training

All military branches except Air Force list Joint Services Transcript (JST); Air force enlisted personnel list Community College of the Air:

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

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

Graduate Degree Candidates

Please direct any questions you may have as you complete this application to the Admissions Office at 888-647-2388, or email **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 transcripts of graduate coursework and/or degrees, if applicable.

Signature and Date (Required)

I certify that the information I have provided is true, and I affirm I have read the Disclosure Notifications presented on the Excelsior College website. I also understand that the review of my credentials will be performed based on the information I have provided to the Admissions Office at the time it is submitted.

Additionally, I agree to abide by the College policies as outlined in the Excelsior College Student Policy Handbook.

Note: You are applying to a specific term. Please keep in mind that once admitted, you must register for a course or exam or transfer in new credit (this must be credit that is earned after your application review and does not appear on your initial evaluation) by the term start date. If you need to delay your start, contact your admissions counselor. You may defer your start term by two 8-week terms only or you must reapply and go through the admissions process again.

Signature Date

Mailing

Email your completed application to: application@excelsior.edu

If mailing, submit to:
Excelsior College Admissions Office
7 Columbia Circle, Albany, NY 12203-5159
FAX: 518-464-8833

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 is committed to providing a learning and working environment that is free from illegal discrimination based upon an individual's race, ethnicity, national origin, age, religion, marital status, familial status, gender, gender identity, sexual orientation, physical or mental disability, genetic information, or military or veteran status. Illegal discrimination in any form will not be tolerated at the College. Portions of this publication can be made available in a variety of formats upon request.

adm22-719903 rev. 1/22; EX0189