NURSING ALUMNI UNDERGRADUATE APPLICATION

Special Population FOR ADMISSION AND **ENROLLMENT AGREEMENT** Please print or type all information requested and review responses for accuracy. 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 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 City State 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.

FOR OFFICE USE ONLY

Date of birth (mm/dd/yyyy format)			/			/[Gender	
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Have you graduated from high school, rece It has been longer than 12 months since I gr Yes, I graduated from high school in the pas No	aduated from high scho	ol, earned my GED or Hig	n School Equivalency Test		
Since completing high school, have you ta	ken at least one cour	se in any college, univ	ersity, or technical sch	ool? Yes No	
If yes, list all previously earned degree(s):					
TYPE OF DEGREE	DATE DEGREE EARNED	INSTITUTION G	RANTING DEGREE	CHECK IF YOU ARE SENDING A TRANSCRIPT	
				See 5 for information regarding transcripts.	
From the list below, enter the code number v proficiency tests, military courses, and		estimate of the total nu	imber of college credits	you have earned through college courses,	
1: No credit/courses 2: 1 to 30 cr	redits 3: 31 to 60 d	redits 4: 61 to 90 cr	edits 5: 91 to 126 cre	dits 6: Over 126 credits 7: I don't know	
Are you Hispanic or Latino/Latina?	s No				
Select the racial/ethnic group(s) you identify American Indian or Alaska Native Blace	-		question (you may selec Native Hawaiian or Oth	•	
Please select the one response which best re	eflects your citizenshi	status: U.S. citize	en U.S. permanent re	esident	
Is English your first language?	No				
International Students (Only): Country of Citiz	renship		Country of Birth		
Have you taken any English proficiency exam	ninations?				
IELTS Yes Score		Date Taken			
<u> </u>		Date Taken			
TOEFL					
Others:					
If you are currently serving in the Un	ited States Armed Ser	vices, enter the two dig	jit code number of the b	ranch:	
10 Army (Regular)	30 Marines (Regul	ar) 50	Coast Guard (Regular)		
15 Army (Reserves)	35 Marines (Reser	· · · · · · · · · · · · · · · · · · ·	Coast Guard (Reserves)		
20 Navy (Regular)	40 Air Force (Regu	ılar) 60	National Guard (Army)	······································	
25 Navy (Reserves)	45 Air Force (Rese	rves) 65	National Guard (Air)		
Other military status:	Military family meml	per with Department of De	fense card Departm	ent of Defense civilian employee	
Base zip code					
Military ID Number MOS, NER, CGR, etc.					

75 MiB-AD (Chapter 30) 95 Educational Assistance Piot Program (Section 901) 115 Vocational Rehabilitation 75 MiB-BS (Chapter 1607) 105 Survivorar and Dependents' Educational Assistance Program (Chapter 35) 999 Not sure 88 VEAP (Chapter 32) 010 Poet-9/11 (Chapter 33) 999 Not sure 999 Not sur	4 : :		
BEAP (Chapter 1607) BEAP (Chapter 32) BEAP (Chapt		<u> </u>	
Both NEAP (Chapter 32) O10 Post-9/11 (Chapter 33)	75 MGIB-SR (Chapter 1606)		903) 999 Not sure
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? 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)? Have you ever been enrolled in any program at Excelsior College (formerly Regents College)? What is no if Yes, when? Before selecting a degree program, see admission requirements beginning on page 5 Undergraduate Degree Selection (Select only one program) NURSING NURSING NN to Master of Science in Nursing Completion Program (RNs only) RN to Master of Science in Nursing Completion Program (RNs only) RN to Master of Science in Nursing Informatics State	80 REAP (Chapter 1607)		
If you have used your benefits and are changing parent schools, have you completed VA form 22-1995?	85 VEAP (Chapter 32)	010 Post-9/11 (Chapter 33)	
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 MSNL RN to Master of Science in Nursing Education ⊕ RN to Master of Science in Nursing Education ⊕ RN to MSNL RN to Master of Science in Nursing Leducation ⊕ RN to MsNL RN to Master of Science in Nursing Leducation ⊕ RN to MSNL RN to Master of Science in Nursing Leducation ⊕ RN to MsNL RN to Master of Science in Nursing Leducation ⊕ RN to MsNL RN to Master of Science in Nursing Leducation ⊕ RN to MsNL RN to MsNL RN to Master of Science in Nursing Leducation Program (RNs only) 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.	f you have used your benefits and a f you answered No, complete the correc	are changing parent schools, have you completed VA form online at www.gibill.va.gov.	form 22-1995?
Signature Date	NURSING Note the admissions eligibility requirements on proceed in Nursing BS Bachelor of Science in Nursing RN to Master of Science RN to MSNI RN to Master of Science RN to MSNI RN to Master of Science and Administration of Head Active Duty/Guard/Reservers as a student enrolling in Excelsior Collegency studies, to notify my ESO/Education obligations to Excelsior College. Since meads a submit official documents on my behalf.	Page 6. g Completion Program (RNs only) e in Nursing Education © e in Nursing Informatics © e in Nursing Leadership ealth Care Systems © The Military Authorization ge, I agree to respond promptly to information requested by Counselor and Excelsior College of any change in name, ad my ESO/Education Counselor will assist me in planning a cou- i. I also authorize Excelsior College to release to my ESO/Edu	Idress, or Social Security number, and to meet all of my financial urse of study, I have authorized my ESO/Education Counselor to ucation Counselor pertinent information regarding my status in
		, , , , , , , , , , , , , , , ,	
Education Center Address	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.

 $[\]textcircled{2} \ \mathsf{MRN} \ \mathsf{applicants} \ \mathsf{must} \ \mathsf{submit} \ \mathsf{a} \ \mathsf{completed} \ \mathsf{MS} \ \mathsf{capstone} \ \mathsf{requirement} \ \mathsf{form} \ (\mathsf{excelsior.edu/capstone}).$

Emplo	oyer Information					
Are you	u currently employed? No 🗆	Yes, part-time	Yes, full-time			
If emplo	oyed, who is your employer?	· f · · · · · l				
	Name	of employer				
Number ar	nd street address of employer			State	Zip code	Country (if not USA)
If emplo	oyed, what is your job title? Job title					
Check t	the appropriate box(es) for any degr	ee(s) you have	already earned:	Associate Bacc	calaureate	
Parenta	al Education Level		·			
Did not	t finish high school	Mother	Father			
	led some college but did not graduate					
	eted an associate degree (AA, AS, AAS, e					
	eted a bachelor's degree (BA, BS, etc.)					
Comple	eted a master's degree (MA, MS, MBA, e	tc.)				
Comple	eted a doctorate degree (PhD, JD, MD, et	c.) \square				
Do not	know					
Your an	nnual 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	0,000 to \$119,999			
	\$45,000 to \$54,999	□ Over	\$120,000			
	\$55,000 to \$69,999					
Docu	ıments Submitted for Ev	aluation				
you woul be used	cripts h institution that will be submitting official all like to be considered. We will process y to evaluate your prior credits. Official transar, 7 Columbia Circle, Albany, NY 12203-8	our application o scripts are those	nce all official transcripts	listed have been receiv	red. Do not submit un	official transcripts as they cannot
	he issuance date of the transcript must be rent address, current address and date of					ial Security number
	transcripts must be submitted at the req to verify all transcripts/documents receive					
Name of co	college/university		City			State
Name of c	college/university		City			State

City

State

Name of college/university

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	Total Caron
Organization	Year taken
organization.	Total Carlott
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 n	ursing 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. 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.	
	cations) for detailed information on our enrollment options and payment plans. If you ions Office toll-free at 888-647-2388. Questions regarding payment plans should be
A. Undergraduate Student Enrollment Options	
Indicate the option of your choice. Payment can be made in full or through or candidates for any Excelsior College degree.	ne of our convenient payment plans. The options are available to all undergraduate
Technical Studies or Administrative/Management Studies) during their te a minimum of 9 Excelsior College course credits for associate degrees at enrollment, there is no fee.	celsior College course credits (6 course credits for Associate in Applied Science in arm of enrollment. For military and military family students who agree to complete and 15 Excelsior College course credits for bachelor's degrees during their term of
Multi-Source Option Students pay the full multi-source fee of \$1,095. Military servicemember Note: Do not choose this option if you are enrolling in the BS Completion	
 Payment in full is attached. Pay Your Way Payment Plan . Choose from a minimum of two to a Payment Plan Agreement Form at www.excelsior.edu/undergradua 	maximum of six monthly payments. Download, print, and complete your Enrollment te-nbs-application (login required).
Signature and Date (Required)	
I certify that the above statements are true and correct. I understand that false in that it is my responsibility to submit all required information. I agree that if accept requirements and policies of the College, as set forth in this form, the student po am seeking to enroll. My signature below indicates I have read the Required Stat (www.excelsior.edu/about/transparency).	ted for enrollment in the College, I will comply with and be bound by all licies webpage, and the catalog pertaining to the program in which I
I understand that in order to be considered an enrolled student at Excelsior College of this Enrollment Agreement. Credit-bearing activity at Excelsior College include (this must be credit that does not appear on the initial evaluation). Failure to engadmission status, at which point I would be required to re-apply. I have also reaffee schedules and have read and understand the requirements for the enrollment.	es registering for an Excelsior course or exam and/or transferring in new credit gage in credit-bearing activity within six months will result in the expiration of my d and understand the multi-source fee refund policy included in the tuition and
Signature	Date
Submit your completed Application and Enrollment Agreement to advising@	@excelsior.edu or mail to the address below.
 The fee for military servicemembers, veterans, and military family members applies to all Uniformed Services Identification and Privilege Card. 	Il branches, active duty, National Guard, Reserve, and military family members who hold a U.S.



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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.