



**OFFICE USE ONLY**

Appl. Fee Rec'd.: \_\_\_\_\_  
Admis. Comm. Review: \_\_\_\_\_  
Decision: \_\_\_\_\_  
Mat Fee: \_\_\_\_\_  
Defer (yes/no): \_\_\_\_\_

**Application for Admission**

1. All admission requirements must be met **PRIOR** to application submission.
2. **All** application requirements must be completed & received (**NOT** postmarked) *well in advance* of the deadline dates.
3. Admission is highly competitive and not guaranteed.
4. If you have questions or need assistance, please call the School of Nursing at (315)470-7481.

**Print or Type all information:** I am applying for:

**Fall 20**\_\_\_\_\_ **- OR - Spring 20**\_\_\_\_\_ **- OR - Advanced Placement** (RN transfers/LPN's)

**Deadline date:** February 1<sup>st</sup>

**Deadline date:** September 1<sup>st</sup>

**Fall 20**\_\_\_\_\_

**Please check one:**

Days only

**Deadline date:** June 1st

\_\_\_\_\_2 Year Day

\_\_\_\_\_3 Year Day

**Spring 20**\_\_\_\_\_

**Deadline date:** September 1<sup>st</sup>

**Deadline date:** June 1<sup>st</sup>

\_\_\_\_\_Evening Program

**Please check one:**

\_\_\_\_\_RN Transfer

\_\_\_\_\_LPN

**Please check one:**

\_\_\_\_\_Day \_\_\_\_\_Evening (spring only)

Name: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE MAIDEN

Other names that may appear on educational records: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_ CITY STATE ZIP

County: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

Emergency Phone:( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

E-Mail Address: \_\_\_\_\_

**SECONDARY EDUCATION:** List all high schools or secondary schools attended.

**Please request that each school send an official transcript.**

<i>Dates</i>		Name of School	City and State	Graduation Date
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you graduated in New York State, did you earn a Regents Diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you earned a GED (General Equivalency Diploma), indicate date earned \_\_\_\_\_

**Request that an official copy of scores be sent to the Admissions Office.**

Please print your name exactly as it appears on your high-school transcript \_\_\_\_\_

**STANDARDIZED TESTS:**

Have you taken the SAT examinations? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Have you taken the ACT examinations? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

**POST-SECONDARY EDUCATION:** List all formal education beyond high school.

**Please request that each school send an official transcript.**

<i>Dates</i>		Name of School	City and State	Degree Earned
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT:** List all work experience, both full and part-time, since high school.

**Begin with your most recent employment.**

<i>Dates</i>		Employer	City and State	Position
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you previously attended this program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

Will you need on campus housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of an unlawful offense, excluding minor traffic violations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

1. References should be from teachers, employers, guidance counselors or others who can provide information about you in an objective way. At least one reference must be from a current employer.
2. References from family and friends will **NOT** be accepted.
3. List below the names of the individuals from whom you have requested references.
4. Ask that each individual send the reference form directly to the school of nursing.
5. LPN & RN transfer students need a director's reference from their school.

Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

I certify that I have not knowingly withheld information or given false information on this application. I understand that withholding information or giving false information may make me ineligible for admission or to continue my enrollment at Crouse Hospital School of Nursing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send completed application and \$30.00 application fee (check or money order) to:**

**Crouse Hospital School of Nursing  
Admissions Office  
736 Irving Avenue  
Syracuse, New York 13210**