



OFFICE USE ONLY

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

Application for Admission

- 1. Review the admission requirements outlined in the catalog before applying.
2. If you have questions or need assistance, call the School of Nursing.
3. All application requirements must be completed & received (NOT postmarked) PRIOR to the deadline dates.

Crouse Hospital School of Nursing
736 Irving Avenue
Syracuse, New York 13210
(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 1st Deadline date: September 1st
Please check one: Days only
Please check one:
2 Year Day
3 Year Day
Deadline date: June 1st
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:( ) Work Phone:( ) Cell Phone:( )

Social Security Number: - - Date of Birth: / /
MONTH DAY YEAR

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

If yes, please explain

Have you previously applied for admission to this program? Yes No If yes, when?

Have you previously attended this program? Yes No If yes, when?

Are you a Crouse Hospital employee? Yes No Department

Housing Will you need on campus housing? Yes No 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	Date of Graduation
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 TEST**

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			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**VOLUNTEER EXPERIENCE:** List all volunteer experience both full and part-time.

**Begin with your most recent experience.**

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

**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. Give each of the individuals one of the enclosed reference forms and a stamped envelope addressed to the Admissions Office at 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**

**PERSONAL STATEMENT**

The Admissions Committee would like you to discuss aspects of your life that may not be apparent in your application. Please handwrite a personal statement to include the following:

1. Describe your personal qualities and life experiences (i.e., volunteer experiences, organization affiliations, etc.) that could contribute to a career in nursing.
2. Define your concept of nursing and your reason for choosing the nursing profession.
3. Express your specific goals after graduation and how you will contribute to the community and nursing as a profession.
4. You may include information about unusual circumstances (family crisis, illness or extenuating circumstances, etc.) which could have affected your academic performance.

*Please continue on the back*