

The College at Brockport
Department of Nursing
Application for Consideration for Admission for Fall 2012
Traditional BSN program

Dear Applicant:

Thank you for considering application to the nursing program at The College at Brockport. In order for your application to be considered, you must meet the eligibility criteria. Refer to the following documents which may be found on the Nursing Department website:

- Information on application to the nursing program for students who are currently taking courses at The College at Brockport
- Information on application to the nursing program for students who are NOT currently taking courses at The College at Brockport
- A Letter to Prospective Students

Applicants who have not yet been accepted by the College at Brockport must have a completed college application filed through the Office of Admissions by January 1, 2012 in order for their application to the nursing program to be considered.

Complete all sections of the application. Do not send transcripts or a DARS with your nursing program application. The completed application must be received in the Department of Nursing by 3:00 pm on January 20, 2012. Applications will not be accepted after this time.

You may mail or hand carry your completed application to:

Department of Nursing
Tuttle North, Room 361
The College at Brockport
350 New Campus Drive
Brockport, New York 14420-2988

If you are mailing your application, we advise that you request a return receipt to verify that your application has been received.

Due to the volume of applicants, we cannot make or accept phone calls, or send or reply to e-mails to verify receipt of an application or report incomplete applications.

Applicants will be notified with letters of acceptance/non-acceptance by the end of March, 2012. Acceptance status will not be given over the phone.

Name _____

A. Indicate your current status. Check all that apply.

_____ I am currently taking classes at Brockport and I have not attended any other colleges.

_____ I am currently taking classes at Brockport and I have attended one or more other colleges.

_____ By the end of the fall 2011 semester, I will have earned at least 12 credits at Brockport.

_____ By the end of the fall 2011 semester, I will have earned less than 12 credits at Brockport.

_____ I have never attended classes at Brockport.

_____ I have taken classes at Brockport in the past, but am not currently (fall, 2011) taking classes.

_____ I have graduated from Brockport with a baccalaureate degree.

_____ I have graduated from another institution with a baccalaureate degree.

_____ My current status is not listed above. Explain _____

Have you applied for admission to the nursing program at Brockport previously? _____

Year graduated from high school: _____

Banner ID number: _____

If no banner ID number, social security number: _____

Number of semesters at Brockport (including fall 2011): _____

Number of credits earned at Brockport (including fall 2011): _____

Are you an LPN? _____ Yes _____ No

Have you served in the military? _____ Yes, Branch _____ _____ No

If yes, describe briefly. _____

Name _____

B. Local Address: _____

Local phone number: _____

Home Address: _____

Home phone number: _____

Summer 2011 Address: (where you can be reached during the summer) _____

Summer 2011 phone number: _____

E-mail Address: _____

Gender: ___ Female ___ Male

Date of Birth: _____

Maiden name (if applicable): _____

C. List all institutions for which college credit has been earned, other than The College at Brockport.

___ No college credit earned at other institutions.

Name and address of school(s) attended:	Semester(s)	Date(s) of attendance:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of credits completed: _____

Degrees completed: _____

Name _____

List all college courses in progress and anticipated:

FALL SEMESTER 2011 (course)	(credit)	SPRING SEMESTER 2012 (course)	(credit)	SUMMER SEMESTER 2012 (course)	(credit)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. Work Experience:

Employer Name	Position	Dates

E. Volunteer Experience:

Name of Organization	Position	Dates

F. Complete the following grid by entering required information specific to prerequisite courses.

Prerequisite course	Course equivalent (if taken outside College at Brockport)	Semester taken (if not completed indicate when it will be completed)	Where taken (if not completed indicate where it will be completed)	Grade
A & P I BIO 321				
A & P II BIO 322				
Microbiology BIO 323				
Chemistry CHM 260				
Statistics course*				
Nutrition HLS 311				
Psychology course*				
Sociology course*				
Lifespan Developmt PRO204				

* enter courses taken to meet the prerequisite requirement

Note: Courses taken at other institutions to meet Brockport Nursing Department prerequisites are not automatically applied as such on the Degree Audit Report (DARS). It is the student's responsibility to obtain the required forms and signatures necessary to process course equivalents to be applied as prerequisite courses. Contact Academic Advisement for information and forms.

G. Attach a brief (250 words) narrative describing why you are interested in the nursing profession. It must be typed, double spaced, and attached to the application.

H. Optional. Applicants may provide a brief narrative to further clarify or explain any portion of the application. It must be typed, double spaced, no longer than 1 page, and attached to the application.