

Associate of Science in Nursing Admissions Application

PLEASE PRINT, FILL OUT AND SUBMIT THIS APPLICATION

VIA EMAIL: ADN@STANBRIDGE.EDU

OR FAX: 877-752-8234

PLEASE FILL OUT THE NECESSARY INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip/Postal Code: _____ Gender: ☐ Male ☐ Female

Phone: _____ Email: _____ Birth Date: _____

How did you hear about us? _____

Are you a US Citizen or Permanent Resident? ☐ Yes ☐ No Are you here on a Visa? ☐ Yes ☐ No If yes, please indicate type: _____

PLEASE COMPLETE THIS CHECKLIST WITH ALL AVAILABLE INFORMATION - INDICATE "UA" FOR ITEMS UNAVAILABLE AT THIS TIME

Item:							
1	What high school did you attend?				When did you graduate high school?		
2	Have you been in another nursing program? <input type="radio"/> Yes <input type="radio"/> No If yes, please state program and college:						
3	Please list all colleges attended with the most recently attended college first.						
	College Name		Major		GPA	Date Completed or Expected Date of Completion	
Item:							
4	Prerequisite Courses: Please provide the following information for each completed prerequisite.						
	Courses	Grade	SAP Subject or AP Test Score	Institution	Units	Expected Date of Completion	Date Completed
	a. Human Anatomy with lab						
	b. Human Physiology with lab						
	c. Human Anatomy & Physiology with lab I						
	d. Human Anatomy & Physiology with lab II						
	e. Microbiology						
	f. College Algebra						
5	Have you had direct Patient Care work experience within the past 5 years (> 1000 hours) as a Licensed LVN, CNA, Clinical Care Extender, or EMT; Respiratory/Occupational/Physical Therapist; documented Military Medical, Phlebotomist, Medical Scribe, Physical Therapist Assistant Aide, or Military Medical Peron; Athletic Trainer, Medical Assistant, Dental Hygienist, or person in another healthcare-related role? <input type="radio"/> Yes <input type="radio"/> No						
	If so, when did it occur?		Where did you work?		How many total hours?		

I certify that all information contained in this application and its attachments is factually correct and complete. I understand that the omission or misrepresentation of any information, including enrollment in other colleges or universities, may void my admission or result in dismissal.

Signature: _____ Date: _____

After submission of this Associate of Science in Nursing online application, an Admissions Representative will contact you within 24 hours to continue the admissions process.



**STANBRIDGE
COLLEGE**