

APPLICATION FOR

Second Degree Accelerated Bachelor of Science in Nursing

For information on Undergraduate, Credential, Colloquy or International Student Admissions,
please contact the Admission Office for appropriate application.



UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.

1530 Concordia West, Irvine, CA 92612-3203
Phone: (949) 214-3022 • (800) 229-1200, ext. 3022
Fax: (949) 214-3022
E-mail: absn@cui.edu

WWW.CUI.EDU

Please send application form and requested items to:

Attn: ABSN Admissions
Concordia University
1530 Concordia West
Irvine, CA 92612-3203

Application Deadlines: Refers to CUI website for current application deadline

To **complete your admission file** we will need:

1. Completed Application
2. \$50 non-refundable application fee
3. Official copies of college/university transcripts
4. Two completed reference forms
5. Statement of Intent
6. Completed Prerequisites Plan Form
7. Signed Background Waiver Agreement Form

All forms available for download at www.cui.edu/nursing

Please **PRINT** or type

Applicant's name _____
Last First Middle Maiden

Social Security No. _____ - _____ - _____ Semester you plan to enroll at Concordia: **Summer** _____ **Fall** _____
Choose only one.

CUI Banner ID E _____ (for current CUI students only)

PRESENT MAILING ADDRESS

Street _____ City _____ State _____ Zip _____

PERMANENT HOME ADDRESS *If different from above, specify dates mail should go to this address: ____/____/____ to ____/____/____*

Street _____ City _____ State _____ Zip _____

Home phone: (____) ____ - _____ Facebook Email: _____

Cell phone: (____) ____ - _____ Twitter Username: _____

E-mail address: _____
Please list the best email address for electronic communication between you and the university.

PERSONAL BACKGROUND

Date of birth ____/____/____
Month Day Year

Sex: Male Female Citizenship: USA Permanent resident Other country _____
(Please request an International Student Application.)

Have you been convicted of a felony within the last seven years? Yes No If yes, explain briefly _____

If you wish to identify an ethnic group, please indicate to which group you belong:

- Native American Asian or Pacific Islander Latino/Chicano/Hispanic
 African American White (Caucasian) Other _____

PROGRAM APPLYING FOR **Second Degree Accelerated BSN**

Will you be applying for financial aid? Yes No

RELIGIOUS AFFILIATION

- Lutheran Church – Missouri Synod Baptist Evangelical Lutheran Church of America Catholic
 Non-Denominational Christian Methodist Presbyterian None Other _____

Congregation name _____ Pastor's name _____

Congregation address _____

City _____ State _____ Zip _____ Phone (____) _____

PREVIOUS EDUCATION (List additional schools attended on a separate sheet.)

1. College/University Name _____ City _____ State _____
Dates attended _____ Units completed at the time of application _____
Degree and Date Received _____ Cumulative GPA (based on a 4.0 scale) _____

2. College/University Name _____ City _____ State _____
Dates attended _____ Units completed at the time of application _____
Degree and Date Received _____ Cumulative GPA (based on a 4.0 scale) _____

3. College/University Name _____ City _____ State _____
Dates attended _____ Units completed at the time of application _____
Degree and Date Received _____ Cumulative GPA (based on a 4.0 scale) _____

EMPLOYMENT/VOLUNTEER INFORMATION

Employer _____

Position _____

Street _____ City _____ State _____ Zip _____

Volunteer Organization _____

Position/Duty _____

Street _____ City _____ State _____ Zip _____

NONDISCRIMINATION POLICY

Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

CERTIFICATION

I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the post bacc/graduate program.

Applicant's signature

Date

