

Accelerated Bachelor of Science in Nursing (ABSN) Program <u>APPLICATION CHECKLIST</u> – <u>Re-Applicant</u>*

* Re- applicant is defined as applicant who has applied to the ABSN program previously and/or submitted an online application in the past.

Applica	int's Name:		
 Online application 	n for Domestic Students		
☐ \$ 50 Application	Fee		
o * Letters ma	·	ommendation # 1 and # 2 (<i>as applicable*</i>) ed less than twelve (12) months since the last application o	on.
	•	orm *EFFECTIVE SPRING 2023 TERM	
o * Letter may	, be re-used if no additional h	ours added since the last application.	
□ <u>Updated</u> Signed	Background Waiver Agre	ement Form	
☐ <u>Updated</u> Comple	eted Pre-requisite Plan Fo	orm	
* Transcripts the last appl # A new set o application (ication. If transcripts must be submitte i.e. initial application was for a ed as deadline. All mater	inal classes were completed at the same institution(s) so the difficulty in the same institution and classes were completed at the same institution(s) so the difficulty in the same institution(s) so the same institution	
Mailing Address:	<u>E</u> I	lectronic address:	
Office of Graduate Admission	is At	ttached PDF documents to nursing@cui.edu	
Attn: Nursing ABSN	Sı	ubject line:	
1530 Concordia West	"I	[intended term] application_ [Full Name]"	
Irvine, CA 92612	ex	x. "SP24 application_ Jane Doe"	

Refer to "Application Procedure" for requirement details on each checklist item