

Accelerated BSN Track
For Second Degree Students
Application Instructions

Thank you for your interest in the Accelerated BSN program at Quinnipiac University. Please read the enclosed information and follow the instructions carefully.

This is a *self-managed application process* for students with an undergraduate degree in a discipline other than nursing. Your application is sent directly to the Department of Nursing. Please carefully follow the instructions in this packet and use the checklist below. **To ensure your application is processed accurately, it must be complete. Incomplete applications will be returned.**

**APPLICATION
DEADLINE
October 1**

**The application
deadline is
October 1;
however, we
suggest submitting
your application
early so every
consideration may
be given to it.
Applicants will
be notified of
an admission
decision beginning
December 1.**

A complete application includes:

- completed application form
- personal statement
- official transcripts from **all** institutions attended

*Ask the registrar of **all** colleges and universities attended to send official transcripts directly to **you** in a sealed envelope. Enclose each of these **sealed** transcripts with your application. Only official transcripts will be formally reviewed for transfer credit. Please **do not** send unofficial transcripts for a preliminary review.*

- application fee of \$45 (payable to Quinnipiac University)

Send completed applications to:

Department of Nursing
Accelerated BSN Program
EC-NRS
275 Mount Carmel Avenue
Hamden, CT 06518-1908

For further information contact:

Office of Admissions
Quinnipiac University
275 Mount Carmel Avenue
Hamden, CT 06518-1908
203-582-8600 • 800-462-1944
Email: admissions@quinnipiac.edu

Quinnipiac University Department of Nursing

For office use only:
Date Rec'd _____
Application fee _____
Card sent _____

Application: Accelerated BSN Track
Entrance planned for May _____ (Yr)

1. Personal Data

Legal name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ Email _____

Date of birth _____ Age _____ Male Female

Country of citizenship _____ Social Security # _____ - _____ - _____

If you were not born in the United States, how long have you lived in the United States? _____ years

If living in the United States but not a U.S. citizen: Type of Visa _____

Visa # _____ Permanent Resident identification number _____

2. Optional Information

Please complete this section if you wish to be considered for any benefits that may be available to members of a racial group underrepresented in higher education.

Place of birth _____ Marital status _____ Military service _____
City/Town State Branch/Dates

How would you describe yourself? Check one.

- American Indian or Alaskan Native Asian-American Pacific Islander Black/non-Hispanic
 Hispanic White/non-Hispanic Multiracial _____ Other _____

3. Students with Disabilities

Colleges are not permitted to solicit this information prior to acceptance. Our section 504 and ADA coordinator is John Jarvis. We encourage all students who wish to self-disclose a disability after they have been accepted and/or decide to attend Quinnipiac University to contact Mr. Jarvis at the Learning Center, 203-582-5390. The nursing major has a required set of technical standards. Mr. Jarvis can answer any questions concerning this.

4. Work Experience

Please list any job you have held in the past 5 years.

Specific Nature of Work	Employer	Dates	Number of hrs/week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Family Information

With whom do you make your permanent home?

<i>Name</i>	<i>Relationship to you</i>		
	Spouse/Significant Other	Father	Mother
Full name _____	_____	_____	_____
Home address _____	_____	_____	_____
Occupation _____	_____	_____	_____
Firm/Company _____	_____	_____	_____
Colleges attended _____	_____	_____	_____
Degree earned _____	_____	_____	_____

List the names of any relatives who have attended Quinnipiac.

<i>Name</i>	<i>Relationship</i>	<i>Name</i>	<i>Relationship</i>
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List the names of any Quinnipiac alumni with whom you are acquainted.

<i>Name</i>	<i>Relationship</i>	<i>Name</i>	<i>Relationship</i>
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How did you hear about the Accelerated BSN program at Quinnipiac University?

If Quinnipiac was recommended to you, please list the names of those who recommended it.

<i>Name</i>	<i>Relationship</i>	<i>Name</i>	<i>Relationship</i>
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6. Educational Information

List all postsecondary institutions attended (most recent first). Official transcript(s) must be included with this application for **all** institutions attended. (See cover page.)

Institution	Dates of Attendance	Full Time	Part Time	Major	Degree	Date of Graduation	Grade Point Average

7. Prerequisite Course Completion Plan

Please describe how you will meet or have met prerequisites. In the spaces below, list the course number and school at which it was taken, or your plans for taking any needed prerequisites.

All prerequisite courses must have been taken within five years of admission.

QU Course	Other School	Course Number	Date / Semester	Grade	If you need to complete a prerequisite, where and when will it be completed?
Anatomy and Physiology BI 111 & 112 or BI 211 & 212					
Microbiology BI 213 or BI 370					
Pathophysiology BI 318 or BI 518					
Statistics MA 206 or MA 271 or MA 275 or PS 206					

Students may be accepted conditionally while completing prerequisite coursework, provided that they meet **all** other admission requirements. **Enrolling in prerequisite courses does not guarantee admission.** It is wise to check with the Department of Nursing to determine if a course is equivalent and transferable prior to registering for a prerequisite course at another college or university. Core curriculum courses are evaluated in the Office of Admissions.

8. Personal Statement

This is your opportunity to personalize your application, which will enable the Admissions Committee to see beyond your grade-point average. In 500–700 words, discuss your reasons for changing careers and pursuing nursing as a profession at this time in your life. All essays should be typed, doubled-spaced on a separate, letter-sized sheet, using 12-point font.

9. I hereby agree that all application information is complete and truthful. I guarantee the payment of all financial obligations incurred. I further agree to support the administration in upholding the rules and regulations of the University and in maintaining high standards in all phases of college life.

Applicant signature _____

Date _____