

Capital University

Ask. Think. Lead.

Thank you for applying to Capital University. This application is for students seeking admission into the Capital University Nursing Accelerated Program. This program is a pre-licensure Bachelor of Science in Nursing degree program designed for people who have completed a baccalaureate or higher degree in a field other than nursing. This is a full-time program that will take 20 months to complete.

ADMISSION REQUIREMENTS AND INSTRUCTIONS FOR APPLICATION

Your file will be complete once all requirements are received. Applications are reviewed once a year for classes that start in August. Deadline is March 15. Applications will not be reviewed until that date.

Requirements include:

- **Completed** baccalaureate or higher degree from a regionally accredited college or university
- Official transcripts from all colleges attended (If the college or university from which the degree is earned is outside of the United States, the applicant is required to obtain an equivalency evaluation from World Education Services, www.wes.org.)
- Minimum 3.0 cumulative grade point average (GPA) from all colleges attended
- Written essay: Describe why you want to be a nurse, and why now.
- Recommendations (Form is available on our Web site.) You will need to provide two recommendations (from non-relatives). Select from the following categories:
 - Current or former teacher, professor or academic administrator;
 - Current employer or supervisor; or
 - Current professional colleague.
- \$25 application fee (non-refundable)
- Completion of the following prerequisites (or send proof of enrollment):
 - Microbiology (within the last five years)
 - Human Anatomy & Physiology (within the last five years)
 - Statistics
 - Human Nutrition
 - Life Span Development
 - Psychology or Sociology
- TOEFL score of 600 (paper based), 250 (computer based) or 100 (new Internet based) for ESL students

INTERNATIONAL APPLICANTS

International applicants meet the same admission criteria as U.S. applicants and must submit an official TOEFL score that has been taken within a year of submitting an application to this program. A World Education Services transcript evaluation is required. Acceptable TOEFL scores are: 600 (paper based), 250 (computer based) or 100 (new Internet based). Capital's TOEFL code is 1099. International applicants should apply through the university's International Education Office. For information, call (614) 236-7102 or e-mail international@capital.edu.

NEXT STEPS

If you will be seeking financial aid, apply for your personal identification number (PIN) online at www.pin.ed.gov. You can complete your Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov. The Title IV institution code for Capital is 003023.

Undergraduate Admission Application for Capital's Nursing Accelerated Program

PERSONAL INFORMATION Please type or print.

Mr. ___ Ms. ___ Mrs. ___ _____
Last First Middle (Complete) Preferred Name (Nickname)

Permanent Address: _____
Number and Street City State ZIP (If Ohio, list county)

Mailing Address: _____
Number and Street City State ZIP (If Ohio, list county)

If mailing address is different than permanent address, give inclusive dates: from _____ to _____

Telephone: Home () _____ Cell () _____ E-mail Address: _____

Marital Status: Single Divorced Separated Birth Place: _____
Married Widowed

If married, maiden name: _____ Are you a U.S. citizen? Yes No
Social Security Number: _____/_____/_____ If no, are you a permanent resident? Yes No

Birth Date* (optional): _____ If yes, alien registration # _____

*Through our financial aid process, your birth date will be necessary for verification of your FAFSA information.

Ethnicity and Race (optional):

1. Are you Hispanic/Latino? Yes No

If yes, choose one:

- Mexican Cuban
 Central American Puerto Rican
 South American Other Hispanic (for Law School only)

2. Choose one or more races:

- American Indian or Alaska Native Asian
 Black or African African White
 Native Hawaiian or other Pacific Islander

Religious Preference (optional):

Lutheran-ELCA Lutheran-LCMS Lutheran-Other

If Lutheran, name of church _____
City/State of church _____

- Baptist Protestant
 Episcopal Roman Catholic
 Greek Orthodox United Church of Christ
 Jewish Other
 Methodist No religious preference
 Presbyterian

ENROLLMENT PLANS

Application for enrollment for fall _____ (indicate year)

Have you ever applied or been enrolled at Capital University Yes No If yes, when? _____

Have you submitted or will you submit the Free Application for Federal Student Aid (FAFSA)? Yes No

The FAFSA form will consider you for federal loans only. If you are planning to take out a student loan, you will need to file the FAFSA form and have the information sent to Capital University (code 003023).

Are you eligible for financial aid? Yes No

Are you eligible for veteran benefits? Yes No

Does your employer have a tuition assistance program? Yes No

EDUCATIONAL INFORMATION

List all the colleges/universities attended, beginning with the most recent, and include date(s) of graduation or anticipated date of graduation. If additional space is needed, please use a separate sheet of paper.

School: _____ From: _____ - _____ to _____ - _____
Month Year Month Year

City: _____ State: _____ Date of Graduation: _____ Degree Earned: _____

School: _____ From: _____ - _____ to _____ - _____
Month Year Month Year

City: _____ State: _____ Date of Graduation: _____ Degree Earned: _____

EDUCATIONAL INFORMATION

School: _____ From: _____ - _____ to _____ - _____
Month Year Month Year

City: _____ State: _____ Date of Graduation: _____ Degree Earned: _____

School: _____ From: _____ - _____ to _____ - _____
Month Year Month Year

City: _____ State: _____ Date of Graduation: _____ Degree Earned: _____

PREREQUISITE INFORMATION

Please list:

- All courses you have taken that you believe have met the prerequisite requirements (and transcripts verifying completion); and
- Any prerequisite courses remaining, or courses you currently are taking or plan to take, before your planned enrollment. If you plan to take them, include the term/year you plan to enroll. As you register for these courses, **send proof of enrollment** (print your course schedule from the college/university Web site).
 - Final transcripts are sent once courses are completed.
 - If the course content is not evident in the course title, please include a printed course description from the college/university bulletin/Web site.
 - The Admission Office or the Nursing Department may request additional information.

Prerequisite	Course Title & No. (ex: Bio 115)	College/University Name (ex: U.S. College)	Term/Year (ex: Fall 2006)
Microbiology	_____	_____	_____
Anatomy	_____	_____	_____
Physiology	_____	_____	_____
Statistics	_____	_____	_____
Human Nutrition	_____	_____	_____
Life Span Development	_____	_____	_____
Psychology OR Sociology	_____	_____	_____

CERTIFICATION

Have you ever been suspended or expelled from any college or university? Yes No (If yes, please attach a statement of explanation.)
 Have you ever been convicted or pleaded guilty to a felony? Yes No (If yes, please attach a statement of explanation.)
 Have you been found responsible for any academic or other misconduct at any college or university? Yes No (If yes, please attach a statement of explanation.)
 Clinical agencies may deny clinical access to persons convicted of specific misdemeanors. Have you ever been convicted of a misdemeanor? Yes No
 (If yes, please attach a statement of explanation.)

I affirm that the information provided in this application is true and complete. I understand that providing false information, or failing to provide material information, may be grounds for rejecting my application or for canceling my enrollment. I authorize Capital to investigate all statements on this application and documents submitted in support of my application. I authorize any reference, including any schools, colleges or universities I have previously attended to provide to Capital all academic and disciplinary information about me and I release them from all liability for providing such information.

Signature: _____ Date: _____

Capital University admits qualified students regardless of race, color, religion, gender, age, disability or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the university.

Please return this form with additional information to:
 Capital University Admission Office, 1 College and Main, Columbus, OH 43209-2394
 admissions@capital.edu • www.capital.edu
 (614) 236-6101 • 1-866-544-6175 • Fax: (614) 236-7947

Questions regarding the Nursing Accelerated Program should go to:
 Connie Sasser, Program Coordinator
 www.capital.edu/accelerated-nursing-degree
 (614) 236-6345 • csasser@capital.edu

