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**

**Instructions for Application**

APPLICANT MUST SUBMIT ALL REQUIRED MATERIALS, NOT INCLUDING OFFICIAL TRANSCRIPTS, AS A COMPLETED FILE. SEPARATE APPLICATION PIECES WILL NO LONGER BE ACCEPTED. DEADLINE IS MARCH 15. APPLICATIONS WILL NOT BE REVIEWED UNTIL THAT DATE.

Requirements include:

**NEW REQUIREMENT!**

1. Applicant must complete one of the following requirements, either a) or b). This may be fulfilled during the summer prior to your program start.
   a) Successful completion of an STNA course and state certification exam for nurse aides. NA education must have three components: Orientation, 75 education hours, and education in-service. Please call 614-752-8285 or email NATCEP@odh.ohio.gov for information about the location of nurse aide training classes that are recognized by the Ohio Department of Health.
   OR
   b) Current experience working as a LPN, Patient Support Assistant (PSA) or a documented history of patient care/nurse assistance in a clinical setting.

2. Completed baccalaureate or higher degree from a regionally accredited college or university

3. 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.)

4. Minimum 3.0 cumulative grade point average (GPA) and a 2.75 GPA (B+) in science prerequisites

5. Written essay: Describe why you want to be a nurse, and why now.

6. Recommendations (Form is available on our website.) You will need to provide three recommendation forms with letters from:
   • Current or former teacher, professor or academic administrator; or
   • Current employer or supervisor

7. $25 application fee (non-refundable)

8. Completion of the following prerequisites (or send proof of enrollment) All prerequisites must be completed by the end of spring quarter/semester:
   o Microbiology (within the last five years)
   o Human Anatomy & Physiology (within the last five years)
   o Statistics
   o Human Nutrition
   o Life Span Development
   o Psychology or Sociology
   o STNA (needs to be completed prior to beginning the program)

9. TOEFL score of 600 (paper based) or 100 (Internet based) for ESL students
Early Admission Option

If you have completed all required prerequisites by the end of the current year and have a cumulative GPA of 3.25 or above, you may apply by Jan. 15 for early consideration.

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 (WES) transcript evaluation is required. Acceptable TOEFL scores are: 600 (paper based) or 100 (Internet based). Capital’s TOEFL code is 1099. An acceptable IELTS score is 7.5. International applicants should apply through the Adult and Graduate Education office. For information, call 614-236-6996 or email adult-grad@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.
### Personal Information

Please type or print.

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle (Complete)</th>
<th>Preferred Name (Nickname)</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Permanent Address:**

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>(If Ohio, list county)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>(If Ohio, list county)</th>
</tr>
</thead>
</table>

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

**Preferred Telephone:** ( )

**Email Address:**

**Marital Status:** Single [ ] Married [ ] Divorced [ ] Separated [ ]

**Birth Place:**

Are you a U.S. citizen? Yes [ ] No [ ]

If no, are you a permanent resident? Yes [ ] No [ ]

If yes, alien registration #: ____________________________

**Birth Date** (optional): ____________________________

*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:

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

2. Choose one or more races:

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

### Religious Preference (optional):

- Baptist 07
- Buddhism 19
- ELCA 01
- Episcopal 08
- Greek Orthodox 17
- Hinduism 18
- Islam 20
- Jewish 13
- LCMS 05
- Lutheran – other 06

- Methodist 09
- Mormonism 21
- No current church affiliation 16
- Other Protestant 12
- Other religions 15
- Presbyterian 10
- Religion not reported 99
- Roman Catholic 14
- United Church of Christ 11

### 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.

<table>
<thead>
<tr>
<th>School:</th>
<th>From: _____ - _____ to _____ - _____</th>
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<tbody>
<tr>
<td>City:</td>
<td>State:</td>
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<tr>
<th>School:</th>
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</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>
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:
1. All courses you have taken that you believe have met the prerequisite requirements (and transcripts verifying completion); and
2. 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. You must include proof of enrollment for prerequisites currently in session or not yet completed.
   • If the course content is not evident in the course title, please include a printed course description from the college/university bulletin/website.
   • The Admission Office or the Nursing Department may request additional information.

<table>
<thead>
<tr>
<th>Prerequisite</th>
<th>Course Title &amp; No.</th>
<th>College/University Name</th>
<th>Term/Year</th>
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</thead>
<tbody>
<tr>
<td>Microbiology</td>
<td>(ex: Bio 115)</td>
<td>(ex: U.S. College)</td>
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<tr>
<td>Anatomy</td>
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<td>Physiology</td>
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<td>Human Nutrition</td>
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<td>Life Span Development</td>
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<tr>
<td>Psychology OR Sociology</td>
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<tr>
<td>STNA</td>
<td>(ex: Fall 2006)</td>
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</tbody>
</table>

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 been convicted or pleaded guilty to a felony in the last seven years?   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.)

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 Adult and Graduate Education
1 College and Main
Columbus, OH 43209-2394

admission@capital.edu • www.capital.edu • (614) 236-6996 • Fax: (614) 236-6923