



LPN Nursing Program Application

Supplemental to SUNY Sullivan Admissions Application
 SUNY Sullivan – 112 College Road, Loch Sheldrake, New York 12759
 845-434-5750 ext. 4341 ~ Fax: 845-434-4806 ~ www.sunysullivan.edu

1. Requirements to complete PRIOR to submitting this application

- A. Apply and be accepted to SUNY Sullivan.
 Application for admission to the college must be submitted no later than **October 15th**.

2. Submit Nursing Program Application no later than October 15th to be considered for spring semester

- A. Fill out this form by PRINTING legibly with a pen or keying the information and then printing the form.
- B. Complete the prerequisites* required to enter the Nursing Program
 Current SUNY Sullivan students must successfully complete all prerequisites by end of fall Semester.
- C. MAIL the completed form to the Nursing Program Admissions Committee at the address above with a copy of current LPN license.

3. Register with the Nursing Department to take the Kaplan Admission Test no later than October 15th.

*See *SUNY Sullivan College Catalog* for additional information. <http://www.sunysullivan.edu/catalog/index.php>
 Catalogue-Part 2 - Pg 6-9

Last Name		First Name		Mid. Initial	
Address		Appt #		SCCC ID#	
City		State & Zip		Date of Birth	
Email		Home phone		Cell	

Prerequisites

<input type="checkbox"/> Completed at SUNY Sullivan	<input type="checkbox"/> Completed & need to transfer to SUNY Sullivan
<input type="checkbox"/> Completed & transferred to SUNY Sullivan	<input type="checkbox"/> Will complete at SUNY Sullivan spring semester

College Information

<input type="checkbox"/> Currently attending SUNY Sullivan	<input type="checkbox"/> Attending another college	<input type="checkbox"/> Graduated
<input type="checkbox"/> Transfer from another nursing program	<input type="checkbox"/> Attended, did not graduate	<input type="checkbox"/> Never Attended

If attended:

College name		Year(s) attended		Degree earned	
College name		Year(s) attended		Degree earned	

ALL official transcripts have been sent to admissions Yes No

(Application NOT processed until all transcripts received)

Current Medical Profession Employment Yes No

If yes:

Agency		Dates Employed		Position	
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*Providing false information or omission of data may result in cancellation or delay of application.
 I hereby certify that the information furnished is accurate and complete.*

 Signature

 Date

 Advisor's Signature

 Date

For Office Use Only

Last Name _____
First Name _____
Middle Initial _____
SCCC ID # _____

Date received _____
Updated _____
Updated _____
Updated _____

Step 1:

Accepted to SUNY Sullivan Yes No

Step 2:

Met all pre-requisites Yes No Will complete at SUNY Sullivan spring semester

English Grades	Math Grades	Science Grades	Transcript Received
SS Comp I _____ TR Comp I _____	SS Int Algebra _____ SS Higher Math _____ TR Int Algebra _____ TR Higher Math _____ _____ _____ Repeated _____	SS Chem for Health Sci _____ SS A&P I _____ TR A&P I _____ _____ _____ Repeated _____	College _____ College _____ SS _____

Step 3:

Entrance Exam and College GPA

Entrance Exam Score: _____

College GPA: _____

Step 4:

Scores Keyed into Rubric

Total Rubric Score: _____

Date Keyed: _____

Step 5:

Application package sent to Nursing Program Admissions Committed at conclusion of spring semester

Date: _____

Step 6:

All acceptance/rejection letters mailed in mid-December

Accepted

Denied

Date: _____