



# 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 **March 1<sup>st</sup>**.

**2. Submit Nursing Program Application no later than March 1<sup>st</sup> to be considered for Fall 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 spring semester.
- C. MAIL the completed form to the Nursing Program Admissions Committee at the address above.

**3. Register with the Nursing Department to take the Kaplan Admission Test no later than March 1<sup>st</sup>.**

\*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 _____	SS Int Algebra _____	SS Princ Bio _____	College _____
TR Comp I _____	SS Higher Math _____	SS A&P I _____	College _____
Eng Regents _____	TR Int Algebra _____	SS Chem for _____	SS _____
Eng. ACT _____	TR Higher Math _____	Health Sci _____	
Eng. SAT _____	Math Regents _____	TR A&P I _____	
	Math ACT/SAT _____	TR Gen Bio _____	
Repeated _____	Repeated _____	Repeated _____	

### 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-June

Accepted  Denied Date: \_\_\_\_\_