



# 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

## Steps for currently licensed LPNs to apply for acceptance to SUNY Sullivan’s Nursing Program with advanced standing:

1. Apply and be accepted to SUNY Sullivan (admissions application is available on our website at sunysullivan.edu).
2. Confirm Competency in English, Math, and Science required to enter the Nursing Program (see criteria further down in application). Note: Program begins every fall, LPN’s begin every spring.
  - a. LPN Candidates should also have completed PSY 1500 General Psychology, SCI 1124 Principles of Biology I and ENG 1001 Composition I (or equivalents), each with a grade of C or better, prior to entry to the Nursing Program.
  - b. SCI 1124 and ENG 1001 may be used to establish Science and English Competency
3. See your Faculty Advisor to confirm you have met requirements to apply (his/her signature is required at bottom of this application).
4. This Application must be emailed to Rose Hanofee at [rhanofee@sunysullivan.edu](mailto:rhanofee@sunysullivan.edu) no later than **December 15th**. Please include a copy of current LPN License with this application.
5. Follow directions to sign up for the TEAS Remote Proctored Exam at ATI as soon as possible, **the exam must be completed by December 15<sup>th</sup>**.

## Please PRINT legibly with a pen or key the information and then print the form.

\*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		Apt #		SCCC ID#	
City		State & Zip		Date of Birth	
Email		Home phone		Cell	

### Transfer Student?

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 will NOT be processed until all transcripts received)**

### Current Medical Profession Employment Yes No

Agency		Dates Employed		Position	
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While in High School did you complete any “College in the High School” classes?  Yes  No

### Complete one of the following:

Required High School Average is 85+	<b>Enter your Score</b>



Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_