

**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](http://www.sunysullivan.edu)

**Steps to apply for acceptance to SUNY Sullivan’s Nursing Program:**

1. Apply and be accepted to SUNY Sullivan (admissions application is available on our website at sunysullivan.edu).
2. Have *official* transcripts from both high school and college sent to [admissions@sunysullivan.edu](mailto:admissions@sunysullivan.edu).
3. Confirm competency in English, Math, and Science required to enter the Nursing Program (see criteria further down in application). Note: Program begins every fall, LPNs begin every spring.
4. This application must be submitted to the Admissions Office, or emailed to [admissions@sunysullivan.edu](mailto:admissions@sunysullivan.edu) no later than **March 1.**
5. Sign up to take the ATI TEAS entrance exam. Test results must be sent to [SUNY](mailto:nursingprogram@sunysullivan.edu) Sullivan no later than **March 1.**
6. **See your Faculty Advisor to confirm you have met the requirements.**

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

**Transfer Student?**

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** |
| **Address** | **Apt #** | **SUNY Sullivan ID#** |
| **City** | **State & Zip Code** | **Date of Birth** |
| **Email:** | **Home Phone:** | **Cell:** |

|  |  |  |
| --- | --- | --- |
| **College Name:** | **Year(S) Attended** | **Degree Earned** |
| **College Name:** | **Year(S) Attended** | **Degree Earned** |

All official transcripts have been sent to the admissions department? YES  NO

**(Application will not be processed until all transcripts are received.)**

**Current Medical Profession Employment**  YES  NO

|  |  |  |
| --- | --- | --- |
| **Agency** | **Dates Employed** | **Position** |

**While in high school, did you complete any “College in the high school” classes?**  YES  NO

|  |  |
| --- | --- |
| Required High School Average is 85+ | **Enter Your Score** |
| Required College GPA is 2.5+ | **Enter Your Score** |

**Math Competency – Using any ONE of the following:**

|  |  |
| --- | --- |
| **NYS Regents Exam with a Score of 75 or Higher** | **Enter Your Score** |
| **ACT Math with a Score of 17 or Higher** | **Enter Your Score** |
| **SAT Math with a Score of 450 or Higher** | **Enter Your Score** |
| **SUNY Sullivan or Transfer Equivalent Math with a Grade of C or Higher (if taking now please indicate “IP” for In Progress)** | **Enter Your Score** |

**English Competency – Using any ONE of the following:**

|  |  |
| --- | --- |
| **NYS Regents Exam with a Score of 78 or Higher** | **Enter Your Score** |
| **ACT English with a Score of 17 or Higher** | **Enter Your Score** |
| **SAT English with a Score of 480 or Higher** | **Enter Your Score** |
| **SUNY Sullivan or Transfer Equivalent English with a Grade of C or Higher (if taking now please indicate “IP” for In Progress)** | **Enter Your Score** |

**Science Competency – Using any ONE of the following**

|  |  |
| --- | --- |
| **NYS Regents Exam with a Score of 70 or Higher** | **Enter Your Score** |
| **SUNY Sullivan or Transfer Equivalent Science with a Grade of C or Higher (if taking now please indicate “IP” for In Progress)** | **Enter Your Score** |

**Please provide a brief statement of no more than 250 words explaining why you would like to become a Registered Professional Nurse.**

****

**Students Signature: Today’s Date: **