



Accelerated BSN Track For Second Degree Students Application Worksheet

Office of Undergraduate Admissions
275 Mount Carmel Ave.
Hamden, CT 06518-1908
Phone 203-582-8600 • 800-462-1944
Email: admissions@quinnipiac.edu

Thank you for your interest in the Accelerated BSN program at Quinnipiac University. This form is a worksheet for submitting an electronic application for the Accelerated BSN Track. Online applications will be available August 2012. The application deadline date is January 2, 2013. The next Accelerated BSN class will begin classes in August 2013.

To ensure your application is processed accurately, it must be complete. Applications are reviewed once all of the required materials have been received. You will be notified when your application has reached the Office of Admissions and which materials, if any, are outstanding.

It is your responsibility to assure that missing documents are received prior to the stated admissions deadline.

APPLICATION DEADLINE

January 2

**The application
deadline is
January 2;
however, we
suggest submitting
your application
early to ensure that
all documents are
received.**

**Applicants will be
notified of an
admission
decision beginning
March 1.**

**Deposit due date is
May 1.**

A complete application includes:

☐
☐

Completed online application form
Personal statement – why you wish to pursue nursing at
this time in your career (maximum 500 words).

☐
☐
☐

Resume
Two letters of recommendation
Official transcripts from **all** institutions attended

Please **do not send unofficial transcripts*

☐

Application fee of \$45 (payable to Quinnipiac University)

For further information contact:

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Name _____

Last *First* *Middle*

Address _____
 Street *City/State/Zip* *Country*

Date of Birth _____ Place of Birth _____

If no, what type of visa do you have? Visa number

Regardless of the above, please check one or more of the following groups in which you consider yourself to be a member:

- ☐ American Indian or Alaskan Native
- ☐ Asian (including Indian subcontinent and Philippines)
- ☐ Black or African American (including Africa and Caribbean)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White (including Middle Eastern)

Colleges are not permitted to solicit this information prior to acceptance. Our section 504 and ADA coordinator is John Jarvis. We encourage all students who wish to self-disclose a disability after they have been accepted and/or decide to attend Quinnipiac University to contact Mr. Jarvis at the Learning Center, 203-582-5390. The nursing major has a required set of technical standards. Mr. Jarvis can answer any questions concerning this.

Academic Information

List ALL colleges, universities, graduate and professional schools you have attended (including part-time and summer studies) in chronological order. **Transcripts must be sent from ALL institutions.**

College/University	State	Date of Attendance	Date of Grad.	Major	Degree	GPA

Prerequisite Course Completion Plan

Please describe how you will meet or have met the prerequisite courses. In the spaces below, list the course number and school at which it was taken, or your plans for taking any needed prerequisites.

All prerequisite courses must have been taken within five years of admission.

Course	School	Course Number	Date / Semester	Grade	If you need to complete a prerequisite, where and when will it be completed?
Anatomy and Physiology I (4 credits w/ lab)					
Anatomy and Physiology II (4 credits w/ lab)					
Microbiology (4 credits w/ lab)					
Statistics MA 206 or MA 271 or MA 275 or PS 206					

Students may be accepted conditionally while completing prerequisite coursework, provided that they meet **all** other admission requirements. **Enrolling in prerequisite courses does not guarantee admission.** It is wise to check with the School of Nursing to determine if a course is equivalent and transferable prior to registering for a prerequisite course at another college or university.

Employment / Work Experience

Occupation _____ Present Employer _____

Business Address _____
Street *City/State/Zip*

Work Experience

Please list any job you have held in the past five years.

Specific Nature of Work	Employer	Dates	Number of hrs/wk

Personal Statement

This is your opportunity to personalize your application, which will enable the Admissions Committee to see beyond your grade-point average. In no more than 500 words, discuss your reasons for changing careers and pursuing nursing as a profession at this time in your life. Please use 12-point font.

Resume

Please submit your current resume.

Disciplinary History

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?

☐ Yes ☐ No

2. Have you ever been convicted of a misdemeanor, felony or other crime?

☐ Yes ☐ No

If you answered yes to either or both questions, please attach a separate document that gives the approximate date of each incident, explains the circumstances and reflects on what you learned from the experience.

How did you hear about the Accelerated Track at Quinnipiac University?

☐ Alumni ☐ Friend ☐ Newspaper ☐ Magazine ☐ Internet ☐ Radio

Have you ever attended an Accelerated Track in Nursing information session? ☐ Yes ☐ No

I hereby agree that all application information is complete and truthful. I will notify the University of any status change regarding my ability to enroll at the University. I agree to abide by the campus guidelines as found in the Student Handbook and University Catalog. Yes ☐ Date _____

Quinnipiac University Accelerated Track in Nursing

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Evaluator Form

Name of Applicant _____
Last First Middle

Name of Evaluator _____
Last First Middle

APPLICANT

Please complete the information above. Read the statement below, and, if you choose, sign where indicated.

The Family Education Rights and Privacy Act of 1974 entitles you to have access to letters of evaluation in your permanent record file. The applicant may waive this right to access to letters of evaluation, in which case letters of evaluation will be considered confidential and will not be available to the student. If you wish to waive your right to access to this letter of evaluation, please sign your name on the line below the following statement.

I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this letter of recommendation. I agree that the observations made in this letter of recommendation should be confidential between the writer and the various agencies or organizations to whom my credential file may be addressed.

Applicant's Signature

Date

EVALUATOR

Please complete the information requested on both sides of this form. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential if the applicant has signed the statement above. Please enclose this form in a sealed envelope and address it to Quinnipiac University at the address shown above.

Please evaluate the candidate as best and as fully as you can in each of the categories below by placing an "X" or "✓" in the appropriate box beneath the scale at the top.

Capacity in which you know this applicant: _____

	Below Average Lowest 40%	Average 40-59%	Above Average 60-74%	Good 75-89%	Excellent 90-94%	Outstanding 95-99%	Truly Exceptional 100%	Not Observed
General Ability								
Analytical Skills								
Self-Discipline								

	Below Average Lowest 40%	Average 40-59%	Above Average 60-74%	Good 75-89%	Excellent 90-94%	Outstanding 95-99%	Truly Exceptional 100%	Not Observed
Initiative/Motivation								
Self-Confidence								
Creative Qualities								
Sense of Humor								
Maturity								
Leadership Potential								
Intellectual Ability								
Quality of Oral Expression								
Quality of Written Expression								
Acceptance of Responsibility								
Organizational Ability								
Ability to Work with Others								

Narrative Statement

Please include a brief narrative that includes information which you feel would be of value in considering this candidate. Please feel free to attach additional sheets if necessary.

Overall Evaluation

- ☐ Highest Recommendation
 ☐ Recommend Enthusiastically
☐ Recommend
 ☐ Do Not Recommend

Evaluator's Printed Name

Evaluator's Signature

Date

Address

Phone