

Please check the location to which you are applying:

- 2149 W. Dunlap Avenue, Phoenix, AZ 85021
3300 N. Campbell Ave, Chicago, IL 60618
1350 Alum Creek Drive, Columbus, OH 43209
5200 Belfort Road, Jacksonville, FL 32256
18624 West Creek Drive, Tinley Park, IL 60477
11025 Equity Drive, Houston, TX 77041
2300 SW 145th Avenue, Miramar, FL 33027
9100 Keystone Crossing, Suite 600 Indianapolis, IN 46240
2450 Crystal Drive, Arlington, VA 22202
5775 Peachtree Dunwoody Road NE Suite A 100, Atlanta, GA 30342
11830 Westline Industrial Drive, Suite 106 St. Louis, MO 63146
Online (RN to BSN, MSN, Graduate Certificate, DNP)
1221 N. Swift Road, Addison, IL 60101
6700 Euclid Avenue, Suite 201, Cleveland, OH 44103

Admission Representative Date of Application Anticipated Entrance Date Spring Summer Fall Other: Session Start Preference

How did you hear about Chamberlain? Please select your program of choice (program availability varies by location)

Undergraduate Programs Graduate Programs Associate (Columbus, OH only): Baccalaureate: Master of Science in Nursing (MSN) Graduate Certificate in Nursing Education Program

Please Print Clearly: Mr. Mrs. Ms. Miss Last Name First Name Middle (Maiden) Address: Street City State Zip County Phone number: Home Work/Cell Social Security Number: Email address: Place of birth: US Citizen\* Permanent Resident\* Date of birth: Other last names you have used: High school from which you graduated/last attended: High school address: City State Zip Year of graduation: -OR- Year of GED completion: High School CGPA: ACT: SAT: Highest level of education:

Do you have an LPN license? Are you a Registered Nurse? Do you have a current, active RN license in the U.S. or from a jurisdiction that is an associate member of the National Council of State Boards of Nursing (NCSBN)? Are you a Certified Nursing Assistant? Are you certified as an Advanced Practice Registered Nurse? Do you plan to apply for Financial Aid? Gender\* Have you ever been convicted of a felony or other serious criminal act? Are you incarcerated? Military Branch: Military Status: What is your native language: Race/Ethnicity (U.S. Residents Only)\* Do you consider yourself to be Hispanic/Latino? In addition, select one of more of the following racial categories to describe yourself: American Indian or Alaska Native Native Hawaiian or other Pacific Islander Asian White Black or African American

Previous education - Please list all educational institutions previously attended including high schools, colleges, universities and nursing schools. For Veteran and Military students, all prior education (including military training, etc.) will be evaluated.

Table with 5 columns: Name of Institution, City/State, Dates Attended, Credits/Degrees, GPA

Current place of employment: Position/Title:

†Students should note that a transcript request is not required for coursework previously completed at Chamberlain as the College already has access to these records. \*Chamberlain College of Nursing does not discriminate in recruitment, education, employment, programs, activities, or services on the basis of race, age, religion, gender, sexual orientation, national origin, ancestry, color, creed, disability, political affiliation or belief, or veteran status.

\*\*Personally Identifiable Information Chamberlain College of Nursing is required to collect the social security number (SSN) for a variety of legally mandated activities, including income tax reporting and administration of federally supported financial aid programs.

I certify that the information provided on this application is complete and accurate. I realize that failure to provide correct information is sufficient cause for reconsideration of my admission status. I also understand the privilege of writing the licensing examination is dependent on my satisfactory compliance with state requirements and the Nurse Practice Act.

Signature Date:

This section is for Pre-Licensure students only. The privilege of writing the nursing licensing examination is dependent upon satisfactory compliance with state requirements and the Nurse Practice Act. Signature: Date:

CHAMBERLAIN REPRESENTATIVE: Complete Notice of Cancellation date listed on the back of this application.

Office Use Only: D#: Lead#: Person#: Application fee paid: Date: Method: Check#: MC VISA Discover AMEX Received by:

## Buyer's Right to Cancel

Applicant: You the buyer, may cancel this application at any time prior to midnight of the 10<sup>th</sup> business day after submitting this application (Saturdays, Sundays and holidays are not business days) for a return of all monies paid. If you cancel, your application fee will be refunded within 10 business days.

To cancel this application, submit a signed and dated notice with the applicant's name and address (required to process the cancellation) no later than midnight of the date listed below.

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Chamberlain Representative: Enter date that is 10 business days from the date of application (MM/DD/YYYY).

**Cancellation requests are accepted:**

**By mail to:**

Chamberlain College of Nursing  
814 Commerce Drive  
Oak Brook, IL 60523  
Attn: Customer Service

**By fax to:**

630-574-1968

**By email to:**

noticeofcancellation@chamberlain.edu

WISCONSIN STUDENTS ONLY: Purchase of educational goods and services offered by a school is deemed to take place when written and financial acceptance is communicated to the student by the school. If the admissions representative who enrolls you is authorized to grant written acceptance at the time you enroll, and does so, the cancellation period ends at the date specified above. If you have not been accepted in writing at the time you enroll, the cancellation period does not end until midnight of the 10<sup>th</sup> business day after the day you receive written acceptance from the school.



**CHAMBERLAIN**  
*College of Nursing*

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3005 Highland Parkway  
Downers Grove, IL 60515-5799  
888-556-8CCN (8226)  
chamberlain.edu

Comprehensive consumer information is available at [chamberlain.edu/studentconsumerinfo](http://chamberlain.edu/studentconsumerinfo)