

# ENDICOTT COLLEGE

PO Box 663 Brockton, MA 02303-0663

## *Van Loan School of Graduate and Professional Studies*

### APPLICATION FOR ADMISSION ACCELERATED UNDERGRADUATE DEGREE PROGRAMS

#### Instructions:

1. Please **TYPE** or **PRINT** the answers to ALL questions.
2. Arrange to have the following sent along with your application or under separate cover to:  
Jon L. Jenmarc, Inc. PO Box 663 Brockton, MA 02303-0663
  - a. Non-refundable \$25.00 application fee; please make check payable to Endicott College.
  - b. Official High School transcript or GED.
  - c. Official college and/or military transcript(s).
  - d. One letter of recommendation.
  - e. A 250-500-word essay explaining your professional goals.
  - f. All students for whom English is not a first language must submit scores from the Test of English as a Foreign Language (TOEFL). Code: 3369
3. Please remember to sign and date the application.

#### Additional Admission Criteria for the RN to BSN Program ONLY:

4. An official transcript of the Associate of Science or comparable coursework that led to the Registered Nurse License.
5. A cumulative GPA of 2.5 or better from an NLNAC-accredited Associate degree or diploma program
6. A photocopy of the Registered Nurse License, which must be current and unrestricted.
7. Applicants who did not graduate from an NLNAC-accredited program must complete proficiency examinations prior to enrollment in nursing courses.

Applicants may complete:

EITHER

The ACT/PEP Examinations: Adult Nursing; Maternal/Child Health in Nursing, Baccalaureate; and Psychiatric/Mental Health Nursing with a standard score of 45 or better on each exam

OR

The NLN Nursing Acceleration Challenge Exams (ACE) II RN-BSN: Care of the Adult Client; Care of the Client During Childbearing and Care of the Child; and Care of the Client with a Mental Disorder with a decision score of 75 or better on each exam.

#### Intended Degree and Major - Please check one:

- |   |  |
|---|--|
| <input type="checkbox"/> ASSOCIATE          | <input type="checkbox"/> BACHELOR                  |
| <input type="checkbox"/> Business           | <input type="checkbox"/> Business Administration   |
| <input type="checkbox"/> Integrated Studies | <input type="checkbox"/> Education (non-licensure) |
| <input type="checkbox"/> Liberal Studies    | <input type="checkbox"/> Liberal Studies           |
|   | <input type="checkbox"/> Nursing (RN to BSN)       |
|   | <input type="checkbox"/> Psychology                |

#### Planned date of enrollment:

- YEAR \_\_\_\_\_
- |  |
|--|
| <input type="checkbox"/> Fall Semester   |
| <input type="checkbox"/> Spring Semester |
| <input type="checkbox"/> Summer Session  |

#### Citizenship

- |   |
|---|
| <input type="checkbox"/> U.S. Citizen                           |
| <input type="checkbox"/> International Citizen of:<br>_____     |
| <input type="checkbox"/> Resident Alien                         |
| <input type="checkbox"/> Non-Resident Alien<br>Visa type: _____ |

Location where classes will be taken \_\_\_\_\_

#### Race and Ethnicity - Optional Information \*

Are you Hispanic or Latino? (choose only one)

- |   |
|---|
| <input type="checkbox"/> Yes, Hispanic or Latino    |
| <input type="checkbox"/> No, not Hispanic or Latino |

What is your race? (choose one or more)

- |   |
|---|
| <input type="checkbox"/> American Indian/Alaskan Native         |
| <input type="checkbox"/> Native Hawaiian/other Pacific Islander |
| <input type="checkbox"/> Unknown/Other (explain)                |

- |   |
|---|
| <input type="checkbox"/> Black/Non-Hispanic |
| <input type="checkbox"/> Asian              |
| <input type="checkbox"/> White              |

\* These questions are being asked to furnish statistics, as required by the Department of Education.

## PERSONAL INFORMATION

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female

Full Name \_\_\_\_\_  
Last/Family Name First Middle Former Preferred First

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Telephone (primary) (\_\_\_\_\_) \_\_\_\_\_ (secondary) (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

E-mail Address(es) \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City, State, Country

Marital Status:  Single  Married  Widowed  Separated/Divorced

Are you currently a member of the military?  No  Yes If yes, which branch? \_\_\_\_\_

Have you ever applied to the Van Loan School of Graduate and Professional Studies?  Yes  No

If yes: year(s) \_\_\_\_\_ program(s) \_\_\_\_\_

Have you ever been a student at Endicott College?  Yes  No If yes, year(s) \_\_\_\_\_

## EMPLOYMENT INFORMATION

Current Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

## HIGH SCHOOL INFORMATION

Please list the high school you have attended; include dates of attendance and diploma awarded:

High School \_\_\_\_\_

Location \_\_\_\_\_ Dates Attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_

## COLLEGE INFORMATION

Please list all institutions you have attended; include dates of attendance and degrees (if any) awarded:

Institution \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Credits \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Institution \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended \_\_\_\_\_ Credits \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

## REFERRAL

Please indicate how you became interested in Endicott College's Accelerated Undergraduate degree programs:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Word of Mouth           | <input type="checkbox"/> Advertisement (print) | <input type="checkbox"/> Information Session |
| <input type="checkbox"/> Web Site        | <input type="checkbox"/> Past or Current Student | <input type="checkbox"/> Advertisement (radio) | <input type="checkbox"/> Family/Relative     |
|  |  |  | <input type="checkbox"/> Other _____         |

I hereby make application for the herein named student and agree to the fees, terms, and conditions as set forth in the Graduate Catalog. In consideration of the undertaking by the Van Loan School of Graduate and Professional Studies to process this form, the undersigned agrees that the furnished information on the application form, together with all information and materials of any kind received by the Van Loan School of Graduate and Professional Studies from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the candidate and his or her family, except that the Vice President and Dean of the School of Graduate and Professional Studies may, for official purposes at his or her discretion, disclose any part or all thereof to such person or persons as required by the application law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_