

**SECTION I: APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous Name (s): \_\_\_\_\_

Email Address: \_\_\_\_\_ SCSU Nursing Program you are applying to: \_\_\_\_ BSN \_\_\_\_ ACE

Previous College/University Nursing Program Attended: \_\_\_\_\_ Dates: \_\_\_\_\_

I authorize the release of the information requested below:

Signature of Applicant

Date

**SECTION II: COMPLETED BY NURSING DEAN, PROGRAM CHAIR/DIRECTOR, OR SIMILAR OFFICIAL ONLY**

1. Has this student been enrolled in a nursing program at your institution?  
\_\_\_\_ YES \_\_\_\_ NO (If NO, please sign this form below and return per instructions at the bottom.)
2. Has this student been involved in any disciplinary action at your school, or are there any cases pending?  
\_\_\_\_ YES \_\_\_\_ NO If YES, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Is this student currently eligible to return to your nursing program?  
\_\_\_\_ YES \_\_\_\_ NO If NO, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Are there any factors (academic, social, or other) that would interfere with the student's ability to make normal progress toward his/her degree?  
\_\_\_\_ YES \_\_\_\_ NO If YES, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there is additional information you would like to include, please include a separate document with this form.

*Name of Official*

*Title*

*Phone Number*

*Signature*

*Date*

This form must be completed by the Nursing Dean/Director/Coordinator and returned by the Nursing Dean/Director/Coordinator directly to Chelsea Ortiz, Associate Director of Nursing Admissions, Enrollment Management, and Communication ([PabonC1@southernct.edu](mailto:PabonC1@southernct.edu)), fax (203) 392-6493, or mail at:

SCSU, Department of Nursing  
ATTN: JE135, Chelsea Ortiz  
501 Crescent Street  
New Haven, CT 06515