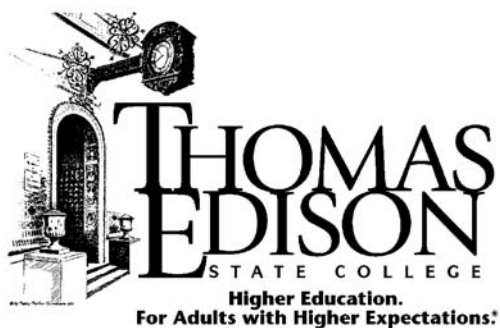


# SCHOOL OF NURSING APPLICATION



## APPLICATION INSTRUCTIONS

(FOR DEGREE AND CERTIFICATE-SEEKING RN APPLICANTS)

The School of Nursing Application is intended for use by applicants interested in pursuing a degree or certificate offered by the School of Nursing at Thomas Edison State College. All other prospective students should complete either the Undergraduate Application for Admission or the Graduate Application. Please visit [www.tesc.edu](http://www.tesc.edu) to apply to other degree programs online. For your convenience, you may download a School of Nursing Application online at [www.tesc.edu/nursing/](http://www.tesc.edu/nursing/).

PLEASE READ THE INSTRUCTIONS BELOW THAT PERTAIN TO THE DEGREE OR CERTIFICATE YOU ARE SEEKING.

### ADMISSION REQUIREMENTS

Applicants to the School of Nursing must:

1. submit the completed School of Nursing Application with nonrefundable Application Fee (and nonrefundable Credential Review Fee for the BSN degree — see amounts listed above Section 8) to Thomas Edison State College's Office of Admissions, 101 W. State St., Trenton, NJ 08608-1176.
2. have all official diploma nursing school, including foreign diploma nursing school and college transcripts, and college-level examination score reports sent to:

**Thomas Edison State College  
Office of the Registrar  
101 W. State St.  
Trenton, NJ 08608-1176**

BSN degree graduates applying to the MSN degree program must have an official transcript sent from the institution where the BSN degree was awarded. Applicants to the Nurse Educator Certificate program must have an official transcript sent from the institution where the Master's in Nursing degree was awarded.

3. submit a notarized copy of current RN license, valid in the U.S., to the Office of Admissions. This is an admission requirement. The license **must** accompany your Application.

Note: Two years experience in nursing is recommended for the MSN degree program and the Nurse Educator Certificate program.

Note: Applications will not be processed until the Application, required fees and a notarized copy of the applicant's current RN license are received.

### INSTRUCTIONS FOR COMPLETING THE APPLICATION

#### SECTION 1: GENERAL INFORMATION

Complete all information in this section. If you are not a U.S. citizen, you must provide citizenship information. Check all that apply.

#### SECTION 2: EDUCATION AND LICENSURE BACKGROUND

Please complete all information in this section. Check all that apply.

#### SECTION 3: DEGREE INFORMATION

Choose either New Applicant or Previously Applied. BSN degree applicants may pursue a baccalaureate and a master's degree simultaneously by selecting the RN-BSN/MSN option.

If you are currently enrolled in a BSN or MSN degree program at another college or university, you must fill in the information requested. You may not earn two of the same degrees at the same level in the same discipline or area of study.

#### SECTION 4: DOCUMENTS

You are required to submit all previous diploma nursing school, including foreign diploma nursing school, college or agency official transcripts or score reports to the Office of the Registrar by the college or agency where your work was completed. Student copies of transcripts cannot be accepted. All supporting documents should be sent to:

**Thomas Edison State College  
Office of the Registrar  
101 W. State St.  
Trenton, NJ 08608-1176**

Course-by-course credit recommendations from the American Association of Collegiate Registrars and Admissions Officers (AACRAO) will be reviewed by Thomas Edison State College

based upon existing transfer and degree policies in place at the time of application. Students who are seeking information on international credit evaluations may contact AACRAO at:

**AACRAO**

**Office of International Education  
Credentials Analysis Services  
One DuPont Circle, NW, Suite 520  
Washington, DC 20036  
(202) 296-3359**

**NURSING SCHOOLS, COLLEGES AND UNIVERSITIES:**

List the complete information on all diploma nursing schools, colleges and universities that you have attended. If you have already completed a degree or degrees, please provide that information.

**COLLEGE-LEVEL EXAMINATIONS:**

If you have taken a college-level examination, list the name of the testing agency on the line provided. Official transcripts (score reports) must be sent by the College Board (CLEP, DANTES or AP examinations) or the official reporting agency.

**COLLEGE CREDIT RECOMMENDATION SERVICE:**

List the courses and the industry, government or special organizations and training programs through which they were completed in the space indicated. You may request official transcripts from The American Council on Education (ACE), Registry of Credit Recommendations, One Dupont Circle, NW, Suite 250, Washington, DC 20036-1193, (202) 939-9434.

**SECTION 5: MILITARY SERVICE AND DOCUMENTS**

Check the category which best describes your military status and list the military documents you are submitting.

**SECTION 6: CURRENT EMPLOYMENT**

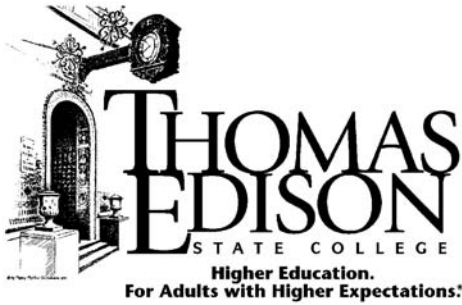
Print full name of your employer, your title and other information requested.

**SECTION 7: FEDERAL, STATE AND INSTITUTIONAL REPORTING DATA**

As an Affirmative Action/Equal Opportunity Employment institution, Thomas Edison State College prohibits discrimination in its policies, practices and procedures, but is required to submit statistical information on the composition of its student body. This information will not be used for admissions purposes.

**SECTION 8: SIGNATURE, DATE AND PAYMENT INSTRUCTIONS**

The appropriate nonrefundable fees must accompany your completed Application. Be sure to sign the Application.



# SCHOOL OF NURSING APPLICATION

**MAIL TO:**  
 Thomas Edison State College  
 Office of Admissions  
 101 W. State St.  
 Trenton, NJ 08608-1176  
 Office: (888) 442-8372  
 Fax: (609) 984-8447

**PLEASE** complete all information.  
 Refer to the directions for completing  
 the Application.

Source Code \_\_\_\_\_  
 [A0100 - For Office Use Only]

## SECTION 1: GENERAL INFORMATION

Last Name \_\_\_\_\_  
 First Name (Mr./Mrs./Ms.) \_\_\_\_\_  
 MI \_\_\_\_\_ Suffix \_\_\_\_\_  
 Social Security # (required of all U.S. citizens and permanent residents) \_\_\_\_\_  
 Date of Birth (Mo/Day/Yr) \_\_\_\_\_  
 Former Name(s) \_\_\_\_\_

### Mailing Address

Street \_\_\_\_\_  
 Apt \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Telephone Number ( ) \_\_\_\_\_  
 Business Telephone Number ( ) \_\_\_\_\_  
 E-mail Address (required) \_\_\_\_\_

If resident of N.J., indicate county:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> 01 Atlantic   | <input type="checkbox"/> 08 Gloucester | <input type="checkbox"/> 15 Ocean    |
| <input type="checkbox"/> 02 Bergen     | <input type="checkbox"/> 09 Hudson     | <input type="checkbox"/> 16 Passaic  |
| <input type="checkbox"/> 03 Burlington | <input type="checkbox"/> 10 Hunterdon  | <input type="checkbox"/> 17 Salem    |
| <input type="checkbox"/> 04 Camden     | <input type="checkbox"/> 11 Mercer     | <input type="checkbox"/> 18 Somerset |
| <input type="checkbox"/> 05 Cape May   | <input type="checkbox"/> 12 Middlesex  | <input type="checkbox"/> 19 Sussex   |
| <input type="checkbox"/> 06 Cumberland | <input type="checkbox"/> 13 Monmouth   | <input type="checkbox"/> 20 Union    |
| <input type="checkbox"/> 07 Essex      | <input type="checkbox"/> 14 Morris     | <input type="checkbox"/> 21 Warren   |

Citizenship: Are you a U.S. citizen?  YES  NO  
 If no, of what country are you a citizen? \_\_\_\_\_

Are you submitting a TOEFL (Test of English as a Foreign Language) score?  YES  NO

Are you planning to apply for financial aid?  YES  NO

How did you learn about Thomas Edison State College?

- Internet; please specify site \_\_\_\_\_
- Advertisement; please specify \_\_\_\_\_
- Colleague or Friend (please see below)
- Recruitment Fair; please specify \_\_\_\_\_
- Specialty Organization; please specify \_\_\_\_\_
- State Nurses Convention; specify state \_\_\_\_\_
- Place of Employment; please specify \_\_\_\_\_
- Convention Exhibit; please specify \_\_\_\_\_
- Other \_\_\_\_\_

Who suggested that you should consider pursuing your education at Thomas Edison State College? We would like to thank those who encouraged our students to pursue their education and would greatly appreciate it if you could tell us who helped you make that important decision.

Please let us know:

His/Her name \_\_\_\_\_

His/Her employer \_\_\_\_\_

E-mail or phone \_\_\_\_\_

Mailing address \_\_\_\_\_

## SECTION 2: EDUCATION AND LICENSURE BACKGROUND

Please check all that apply:

- I have a current, valid U.S. registered nurse (RN) license
- I have a diploma from a nursing program
- I have an associate degree in nursing
- I have a Bachelor of Science in Nursing (BSN) degree

- Other baccalaureate degree, please specify \_\_\_\_\_
- I have a Master of Science in Nursing (MSN) degree area of specialty \_\_\_\_\_
- Other graduate degree; please specify \_\_\_\_\_
- Other; please specify \_\_\_\_\_

Please list all RN licenses and certificates you possess.

| Name of License/Certificate | License Number | Date of Expiration | State/Awarding Agency |
|-----------------------------|----------------|--------------------|-----------------------|
|                             |                |                    |                       |
|                             |                |                    |                       |
|                             |                |                    |                       |
|                             |                |                    |                       |

**SECTION 3: DEGREE INFORMATION**

Please check one:  New Applicant  Previously Applied to School of Nursing  
 Previously Applied to Thomas Edison State College

Please indicate your choice of degree or certificate program:

- |   |          |
|---|----------|
| Degree or Certificate Program                               | Code     |
| <input type="checkbox"/> RN to BSN                          | BSN      |
| <input type="checkbox"/> RN to BSN/MSN                      | BSNM     |
| <input type="checkbox"/> BSN to MSN                         | MSN      |
| <input type="checkbox"/> Nurse Educator Certificate program | Cert.NED |

Are you a candidate in a degree program at another institution?  YES  NO

If you are enrolled in a degree program at another institution, you are required to provide the following information:

College/University \_\_\_\_\_  
 Degree/Major \_\_\_\_\_  
 Anticipated Graduation Date \_\_\_\_\_

**SECTION 4: DOCUMENTS**

| Nursing School/<br>College/University | Student ID<br>at College | Address While<br>Attending College | Major Area<br>of Study | Dates Attended:<br>From/To | Credit<br>Hours | Diploma/<br>Degree Rec'd<br>& Date |
|---------------------------------------|--------------------------|------------------------------------|------------------------|----------------------------|-----------------|------------------------------------|
|                                       |                          |                                    |                        |                            |                 |                                    |
|                                       |                          |                                    |                        |                            |                 |                                    |
|                                       |                          |                                    |                        |                            |                 |                                    |
|                                       |                          |                                    |                        |                            |                 |                                    |
|                                       |                          |                                    |                        |                            |                 |                                    |

GPA on BSN degree completion \_\_\_\_\_  
 College Level Examinations \_\_\_\_\_  
 Courses you have completed by ACE \_\_\_\_\_

**SECTION 5: MILITARY SERVICE AND DOCUMENTS**

Do you currently serve as a member of one of the armed forces of the United States?  YES  NO

If active, please indicate your Military Rank/Pay Grade (example E1, E2) \_\_\_\_\_

If active, please indicate your Military Occupation (example MOS, Rating) \_\_\_\_\_

If active, please indicate your Military Installation \_\_\_\_\_ Years of service \_\_\_\_\_

Are you a veteran of the armed forces of the United States?  YES\*  NO

Are you a military dependent?  YES\*  NO

\*Please check the category which best fits your current military status:

|                        |                          |                          |                          |                          |                          |                          |                          |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                        | Air Force                | Air National Guard       | Army                     | Marines                  | National Guard           | Navy                     | Coast Guard              |
| Active Duty            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reserves               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Veteran: Prior Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Military Dependent     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Military documents submitted \_\_\_\_\_

**SECTION 6: CURRENT EMPLOYMENT**

Name of Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you worked with your present employer?  
\_\_\_\_\_

How many years employed in nursing? \_\_\_\_\_

Will you receive tuition assistance or reimbursement from your employer?  YES  NO

Estimated annual amount of tuition assistance provided by employer:

\$/year reimbursement \_\_\_\_\_ or

# Courses/year reimbursed \_\_\_\_\_

**SECTION 7: FEDERAL, STATE AND INSTITUTIONAL REPORTING DATA**

As an Affirmative Action/Equal Opportunity Employment institution, Thomas Edison State College prohibits discrimination in its policies, practices and procedures, but is required to submit statistical data on the composition of its student body. This information will not be used for admissions purposes.

Gender:  Male  Female

Racial/Ethnic Background (check one):

- 01 Black or African-American
- 02 Hispanic or Latino
- 03 Asian
- 04 American Indian or Alaskan Native
- 05 White
- 08 Native Hawaiian or other Pacific Islander
- 06 Other (please specify) \_\_\_\_\_

The Application Fee of \$75, required for all programs offered by the School of Nursing, is nonrefundable. Applicants pursuing the RN-BSN and the RN-BSN/MSN degree programs will also pay a nonrefundable BSN Credential Review Fee of \$300 for review of academic credentials. Once accepted to the School of Nursing, applicants are considered enrolled students and will be provided with enrollment materials and access to advisement services along with their letter of acceptance.

**SECTION 8: SIGNATURE, DATE AND PAYMENT INFORMATION**

I hereby certify that this information is true and complete to the best of my knowledge. Falsification of this information on this Application could jeopardize enrollment and could lead to dismissal from the College. I authorize any schools or colleges I have previously attended to release official transcripts to Thomas Edison State College. I understand that this Application and all of its required documents become the property of Thomas Edison State College and that, in accordance with the 1974 Buckley Amendment, Family Rights Privacy Act, I waive all of my rights to my applicant file.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Enclosed payment must be submitted in U.S. dollars and is nonrefundable.

Amount \$ \_\_\_\_\_

- Check  Money Order  American Express
- VISA  MasterCard  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thomas Edison State College, in accordance with Title VII of the Civil Rights Act of 1964, operates in a nondiscriminatory manner with regard to race, creed, color, national origin, nationality, ancestry, sex/gender (including pregnancy), affectional or sexual orientation, gender identity or expression, age, marital status, domestic partner status, familial status, religion, atypical hereditary cellular or blood trait, genetic information, or liability for service in the armed forces of the United States. Thomas Edison State College adheres to the letter and spirit of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. If you would like information on reasonable accommodation for disability, please contact the ADA coordinator by calling (609) 984-1141, ext. 3415 (voice) or (609) 341-3109 (TTY).



Please complete the reverse side of this college/university **Transcript Request Form** and mail one to each institution you have attended.

You must put this form in an envelope and include proper postage before mailing.

All transcripts must be received directly from the institution's registrar's office and mailed to:

Thomas Edison State College  
**Office of the Registrar**  
101 W. State St.  
Trenton, NJ 08608-1176



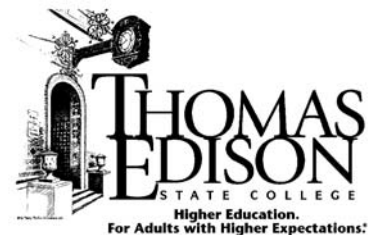
---

Please complete the reverse side of this college/university **Transcript Request Form** and mail one to each institution you have attended.

You must put this form in an envelope and include proper postage before mailing.

All transcripts must be received directly from the institution's registrar's office and mailed to:

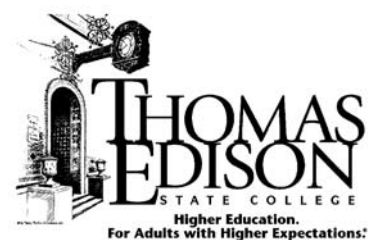
Thomas Edison State College  
**Office of the Registrar**  
101 W. State St.  
Trenton, NJ 08608-1176

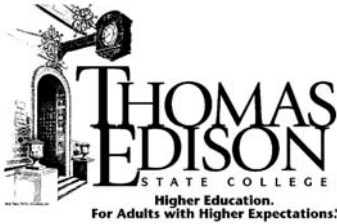


---

For more information please complete the reverse side of this card and mail it in an envelope to:

**Thomas Edison State College**  
Office of Admissions  
101 W. State St.  
Trenton, NJ 08608-1176





## TRANSCRIPT REQUEST FORM

TO REGISTRAR: \_\_\_\_\_

(Please fill in full name of college/university.)

I attended your college/university from \_\_\_\_\_ to \_\_\_\_\_.  
(year) (year)

Name \_\_\_\_\_

Maiden or Previous Name \_\_\_\_\_

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

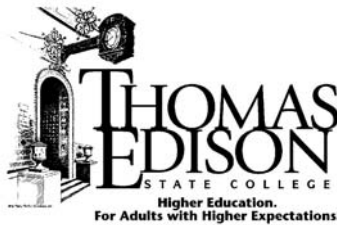
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please send a transcript to: Thomas Edison State College  
**Office of the Registrar**  
101 W. State St.  
Trenton, NJ 08608-1176

➤ Signature \_\_\_\_\_

Social Security # or Student ID# at time of attendance \_\_\_\_\_

Fees for transcripts vary; please check with sending institution to determine correct amount due.



## TRANSCRIPT REQUEST FORM

TO REGISTRAR: \_\_\_\_\_

(Please fill in full name of college/university.)

I attended your college/university from \_\_\_\_\_ to \_\_\_\_\_.  
(year) (year)

Name \_\_\_\_\_

Maiden or Previous Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please send a transcript to: Thomas Edison State College  
**Office of the Registrar**  
101 W. State St.  
Trenton, NJ 08608-1176

➤ Signature \_\_\_\_\_

Social Security # or Student ID# at time of attendance \_\_\_\_\_

Fees for transcripts vary; please check with sending institution to determine correct amount due.

## REQUEST FOR MORE INFORMATION

If you would like more information about the Thomas Edison State College programs listed below, please complete this form and mail (with postage) to the College. We will process your request promptly.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Send more information about completing a degree in:

- Business
- Applied Science and Technology
- Nursing
- Human Services
- Liberal Arts and Sciences
- Other
- Master of Science in Human Resources Management
- Master of Science in Management
- Master of Arts in Liberal Studies
- Master of Arts in Educational Leadership

**Send information about:**

- Military Degree Completion Program
- Professional Certificate Programs