



Accelerated Bachelor of Science in Nursing (ABSN) Program

APPLICATION CHECKLIST - New Applicant*

* *New applicant is defined as applicant who has never applied to the ABSN program and/or submitted an online application in the past. Re-applicants must complete the Re-Applicants Checklist.*

Applicant's Name: _____

- Online Application for Domestic Students
- \$ 50 Application Fee
- Reference Form / Letter of Recommendation # 1
- Reference Form / Letter of Recommendation # 2
- Statement of Intent / Personal Essay
- Healthcare Hours Verification Form
- Signed Background Waiver Agreement Form
- Completed Pre-requisite Plan Form
- Official High School Transcript – *for first-degree ABSN applicant only*
- All Official College Transcripts:
 - _____
 - _____
 - _____

NOTICE: Application packets must be either **mailed** to the address listed below, **uploaded** to your application portal, **or** electronically submitted via **email**. We **will not** accept documents that are **dropped off** at either the Turtle Rock or the Spectrum campus.

Mailing Address:

Office of Graduate Admissions

Attn: Nursing ABSN

16355 Laguna Canyon Rd.

Irvine, CA 92618

Electronic address:

Attached **PDF** documents to nursing@cui.edu

Subject line:

"[intended term] application_ [Full Name]"

ex. "Spring 2024 application_ Jane Doe"

Refer to "Application Procedure" for requirement details on each checklist item