APPLICATION FOR

Associate Degree
RN to Bachelor of Science in Nursing
(RN to BSN Program)

For information on Undergraduate, Credential, Colloquy or International Student Admissions, please contact the Admission Office for appropriate application.

UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.
Please send application form and requested items to:
Attn: RN to BSN Admissions
Concordia University
1530 Concordia West
Irvine, CA 92612-3203

To complete your admission file we will need:
1. Completed Application
2. $50 non-refundable application fee
3. Official copies of college/university transcripts
4. Two Letters of Recommendation
5. Statement of Intent
6. Completed Applicant Prerequisite / Support Course Transfer Intent Worksheet
7. Signed Background Waiver Agreement Form
8. Photocopy of current RN License OR proof of scheduled NCLEX
9. Photocopy of current CPR/BLS (AHA) Card

All forms downloadable at [www.cui.edu/nursing](http://www.cui.edu/nursing)

Please PRINT or type

Applicant’s name _______________________________________________________________________________________________

Social Security No. _______ – _______ – _______

Semester you plan to enroll at Concordia: Fall 20 ___ Spring 20 ___ Summer 20 ___

CUI Banner ID E _____________ (for current CUI students only)

PRESENT MAILING ADDRESS
Street __________________________________________ City ___________________________ State __________ Zip ______________

PERMANENT HOME ADDRESS If different from above, specify dates mail should go to this address: _____/____/____ to _____/____/____
Street __________________________________________ City ___________________________ State __________ Zip ______________

Home phone: (_______) _______ - _______

Facebook Email: __________________________________________________

Cell phone: (_______) _______ - _______

Twitter Username: __________________________________________________

E-mail address: _______________________________________________________________________________________________

Please list the best email address for electronic communication between you and the university.

PERSONAL BACKGROUND
Date of birth _______ / ______ / _______

Month Day Year

Sex:  □ Male  □ Female

Citizenship:  □ USA  □ Permanent resident  □ Other country _______________________________

(Please request an International Student Application.)

Have you been convicted of a felony within the last seven years?  □ Yes  □ No

If you wish to identify an ethnic group, please indicate to which group you belong:

□ Native American  □ Asian or Pacific Islander  □ Latino/Chicano/Hispanic

□ African American  □ White (Caucasian)  □ Other _______________________________

PROGRAM APPLYING FOR  □ RN to BSN

Will you be applying for financial aid?  □ Yes  □ No

RELIGIOUS AFFILIATION

□ Lutheran Church – Missouri Synod  □ Baptist  □ Evangelical Lutheran Church of America  □ Catholic

□ Non-Denominational Christian  □ Methodist  □ Presbyterian  □ None  □ Other _______________________________

Congregation name __________________________________________  Pastor’s name __________________________________________

Congregation address __________________________________________

City __________________________________________  State ________ Zip ______________  Phone (_______) _____________________
ACADEMIC BACKGROUND
1. College/University Name ________________________________ City ____________________ State ______
Dates attended ____________________________ Units completed at the time of application __________
Degree and Date Received ____________________________ If none, state date of intended degree completion __________

PREVIOUS EDUCATION  (List additional schools attended on a separate sheet.)
1. College/University Name ________________________________ City ____________________ State ______
Dates attended ____________________________ Units completed at the time of application __________
Degree and Date Received ____________________________ Cumulative GPA (based on a 4.0 scale) __________
2. College/University Name ________________________________ City ____________________ State ______
Dates attended ____________________________ Units completed at the time of application __________
Degree and Date Received ____________________________ Cumulative GPA (based on a 4.0 scale) __________

EMPLOYMENT/VOLUNTEER INFORMATION  (List additional employment on a separate sheet.)
Employer _________________________________________________________________________________________
Position __________________________________________________________________________________________
Street __________________________________________ City __________________________ State ______ Zip________
Volunteer Organization ______________________________________________________________________________
Position/Duty ______________________________________________________________________________________
Street __________________________________________ City __________________________ State ______ Zip________

NONTDISCRIMINATION POLICY
Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

CERTIFICATION
I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University Catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

Applicant’s signature ____________________________ Date __________

CONCORDIA UNIVERSITY IRVINE