APPLICATION FOR

Second Degree Accelerated Bachelor of Science in Nursing

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.

1530 Concordia West, Irvine, CA 92612-3203
Phone: (949) 214-3022 • (800) 229-1200, ext. 3022
Fax: (949) 214-3022
E-mail: absn@cui.edu

WWW.CUI.EDU
Please PRINT or type

Applicant's name __________________________________________ Last First Middle Maiden

Social Security No. _______ - _______ - _______ Semester you plan to enroll at Concordia: Summer___ Fall___

Choose only one.

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 yes, explain briefly __________________________

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 ☐ Second Degree Accelerated 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 (___) ___________
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) __________________

3. 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

Employer _______________________________________________________
Position _______________________________________________________
Street ____________________________ City __________________________ State ______ Zip ___________

Volunteer Organization _________________________________________
Position/Duty __________________________________________________
Street ____________________________ City __________________________ State ______ Zip ___________

NONDISCRIMINATION 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 post bacc/graduate program.

__________________________________________ Date ___________
Applicant's signature

CONCORDIA UNIVERSITY IRVINE