CONCORDIA
UNIVERSITY
IRVINE

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

1530 Concordia West

Irvine, CA 92612

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