

**Nursing Program** Hardenbergh 130 845-687-5235 845-687-5236 FAX

845-687-5236 FAX Email: nursing\_admissions@sunyulster.edu P.O. Box 557 Stone Ridge, NY 12484 www.sunyulster.edu

## **Nursing Program Application**

## **To Applicant**

Those who wish to be considered for the SUNY Ulster Nursing program must complete and submit this application to the Nursing Program by April 1st and meet the following requirements, which will be reviewed by the Nursing Admissions Committee to determine eligibility:

- Completed SUNY Ulster College Application and college admission requirements.
- Completion of the HESI assessment pre-entrance exam with a cumulative score of 75% or higher\*.
- Overall GPA of 2.75 or higher in all required nursing curriculum courses\* and a SUNY Ulster GPA of 2.0 or higher.

\* See Nursing Admissions Rubric for more information

Federal and/or State Law concerning U.S. citizenship and/or professional misconduct may affect a student's ability to obtain a license to practice the nursing profession following successful completion of the program. Compliance with all licensing requirements remains the responsibility of the student.

Student Information		
Name		
Last	First	Middle
Student ID		
Student ID	Current high school student?	YES**NO
	** Current high school students should Success Center for applicantion assista	contact SUNY Ulster Enrollment and nce
Mailing Address		
City,State, Zip Code		
Permanent Address		
City, State, Zip Code	County of Residence	
Home Phone	Cell Phone	
Email Address		
Signature	Date	

 $Please\ submit\ completed\ program\ applications\ to\ nursing\_admissions@sunyulster.edu\ before\ April\ 1st$