



APPLICATION FOR ADMISSIONS INTO THE ASSOCIATE DEGREE IN NURSING PROGRAM

APPLICATION DEADLINE FOR FALL 2012 SEMESTER: MAY 10, 2012

To be considered for the **Fall 2012 Class Start**, all completed applications must be received by Goodwin College no later than **May 10, 2012 by 5:00 p.m.** Applicants reapplying to the program must submit a letter requesting reactivation of their file also by **May 10, 2012 by 5:00 p.m.**

APPLICATION PROCESS

1. Complete the application, answering all questions. Applications must be typed or printed in ink, signed and dated. Please use the attached application checklist to ensure that your application is complete. **Documents submitted after the application deadline will be returned to the applicant.**

[All required information and documents must be submitted with the application in order for the applicant to be considered for admission. Incomplete applications will NOT be evaluated. The applicant assumes the responsibility for submission of ALL required documents on or before the application deadline date.]

2. Obtain your official transcript(s) for submission with your application. If this information is on file at Goodwin College, applicants must request a copy from the Academic Office using the attached Transcript Request Form. (Applicants are responsible for picking up copies of transcripts after request is made). **The deadline to request transcripts from the Academic Office is April 27, 2012. Call or see Chris Boudreau in the Registrar's Office at (860) 727-6710.**
3. If you are **NOT** already enrolled at Goodwin College, please enclose a non-refundable Application Fee of \$75.00. Make the check or money order payable to "Goodwin College." **All** payments must be made in Accounting Dept.

YOU MUST HAND DELIVER THE APPLICATION to the Nursing Department located on the 5th floor at One Riverside Drive, East Hartford, CT 06118 between the hours listed below.

**Monday – Thursday
8:00 a.m. – 5:00 p.m.**

**Friday
8:00 a.m. – 1:00 p.m.**

Effective immediately for students applying to the Associate Degree in Nursing program by the May 2012 deadline for September 2012 consideration:

1. You will register to take the NLN exam in the nursing department, Rm. 509, **WHEN** you submit your application.
2. **ONLY** students applying to the program may register for the exam.

Any questions please contact Jan Costello at 860-727-6919 or jcostello@goodwin.edu

Please arrive for the exam at least 30 minutes early for sign in and seating. Anyone arriving late will not be permitted to take the exam. Examinees will need **one** official form of identification and their registration receipt.

POST-SECONDARY EDUCATION

Dates		Name of College	City and State	Major	Credentials Earned
From	To				

EMPLOYMENT INFORMATION Starting with present or most recent employment:

Employer _____ Position _____ Dates _____ FT PT

Description of Duties _____

Employer _____ Position _____ Dates _____ FT PT

Description of Duties _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Phone _____

ADDITIONAL INFORMATION

Are you now or have you ever been licensed as a health care provider? Yes No If so, please specify: _____

Have you ever been enrolled in another nursing program? Yes No If yes, which program? _____
 Why did you leave? _____

Are you now or have you ever been enrolled in Goodwin College? Yes No Dates: _____
 Which program? _____

Health clearance is required for all students admitted to the Nursing Program.

I, the undersigned, apply for admission to Goodwin College's ADN program. I understand that once accepted, it is my responsibility to familiarize myself with and abide by the policies and regulations of Goodwin College. I agree that the information given on this application is true to the best of my knowledge. I further understand that any falsification of information may result in my being withdrawn from the program.

Signature

Date

Goodwin College admits qualified students without regard to race, religion, color, age, gender, marital status, ethnic origin, and handicap status to all rights, privileges, programs, and activities generally accorded or made available to students at the College. Goodwin College does not discriminate in the administration of educational policies, admission policies, financial aid policies, and other College administered programs.

FOR OFFICIAL USE ONLY

RE: _____ Fee Received: _____ Per: _____



APPLICATION FOR ADMISSION TO THE ASSOCIATE DEGREE IN NURSING PROGRAM
APPLICATION CHECK LIST

**ALL APPLICATIONS MUST BE COMPLETE WHEN SUBMITTED
OR THEY WILL NOT BE EVALUATED.**

1. Completed Application Form.

2. Official College or University Transcripts:
 - a. _____ (Name of College)
 - b. _____ (Name of College)
 - c. _____ (Name of College)
 - d. _____ (Name of College)
 - e. _____ (Name of College)

3. Documentation of community service, if applicable-
Volunteer hours have a shelf life of 1 Year. (**Only documentation
submitted on official agency letter head will be accepted**).

4. Documentation of NLN Examination Scores (if not taken at Goodwin
College, provide copy of **ALL** results with application)

5. **Only courses that are completed at the time you submit your
application will count towards points for courses taken at
Goodwin.**

6. Application Fee of \$75 (if not a current Goodwin College student).
Make all payments in the Accounting Department



REQUEST FOR COPIES OF OFFICIAL TRANSCRIPTS FROM SCHOOLS OTHER THAN GOODWIN COLLEGE

To receive your transcripts from other schools other than Goodwin College in order to submit them with your Fall 2012 application to the Nursing Program, please print, complete and mail or hand-deliver this sheet to the Registrar's Office at Goodwin College, One Riverside Drive, East Hartford, CT 06118 no later than April 27, 2012.

NO EXCEPTIONS

**Please allow ONE WEEK for your transcripts request to be completed.
Call or see Chris Boudreau in the Registrar's Office at (860) 727-6710.**

Please pick up your transcripts and submit them along with your application packet to the Nursing Department located on the 5th floor at One Riverside Drive, East Hartford, CT, by May 10, 2012, 5:00 p.m.

I, (please print) _____, request copies of official transcripts that have been sent to Goodwin College from the following colleges:

If your transcripts are under another (e.g., maiden) name, what is the name?

Signature

Date

I have received copies of the following transcripts from Goodwin College:

College/ University	Init.
_____	_____
_____	_____
_____	_____
_____	_____

NURSING PROGRAM POINT SYSTEM
New Goodwin College Students

<u>Item</u>	<u>No. of Pts.</u>
Previous College Education	
Associate Degree (60 credits)	2
Bachelor's Degree	3
Master's Degree	4
Subtotal	
Completion of Goodwin College Courses which award credit	
1 course	1
2 courses	2
3 courses	3
4 courses	4
5 courses	5
6 courses	6
7 courses	7
Subtotal	
Students who have earned less than or equal to 12 credits at Goodwin College will receive points based upon their Goodwin College cumulative GPA. (minimum GPA--2.7)	
2.7-3.0	1
3.1-3.4	2
3.5-3.8	3
3.9-4.0	4
Subtotal	
Community Service Hours	
15-29	1
30+	2
Subtotal	
Composite Score on NLN Pre-Admissions Exam (minimum score of 50%)	
50%-55%	1
56%-59%	2
60%-65%	3
66%-70%	4
71%-75%	5
76%-80%	6
81%-85%	7
86%-90%	8
91%-95%	9
96%-99%	10
Subtotal	
FINAL TOTAL (TOTAL POSSIBLE POINTS—27)	