



NURSING SUPPLEMENTAL APPLICATION

****Your application will not be reviewed for admission until this form has been returned****

Section I: Current High School Students or Non-Transfer Students

(This section is for applicants who have never attended college or a BOCES LPN program.)

Anticipated date of high school graduation: _____

Date graduated from high school: _____

Date received GED: _____

After completing this section, please skip to Section IV.

Section II: Transfer Students

- 1) Are you requesting to transfer from another nursing school? NO _____ YES _____
Name of school _____ If yes, you must provide a letter of recommendation from a current nursing instructor and return with this form.
- 2) If accepted, will you have a current LPN license by the time you begin SUNY Delhi?
NO _____ YES _____ (If yes, please continue to section III)

Section III: Licensed Practical Nurses

Date license was received: _____

Do you plan on taking the Nursing Challenge Exam?

YES _____ NO _____

NOTE: Please contact the Nursing Department at 607-746-4490 to receive information regarding criteria to sit for this exam.

Section IV: All applicants must read and sign below

(If this section is not completed, your application will not be reviewed for admission.)

The information I have submitted is true and accurate to the best of my ability. I understand that any deliberate falsification or omission of information may result in denial of admission to or dismissal from SUNY Delhi.

Signature

Date

Printed Name

Social Security Number

Please return this completed application and a copy of your LPN license (if applicable) in the enclosed self-addressed envelope to Enrollment Services, SUNY Delhi, 2 Main Street, Delhi, NY 13753.