



## Nursing Application for Admission

1. All admission requirements must be met prior to application submission deadline.
2. Return completed application form to:  
Office of Admissions  
Cayuga Community College  
197 Franklin St.  
Auburn, NY 13021
3. Postmarked application deadlines are:
  - October 31, 2011 for Spring 2012 admission
  - January 15, 2012 for Fall 2012 admission

**Please indicate which semester and campus you are applying for:**

- Spring 2012**  
*(Auburn Campus-LPN Advanced Placement and Transfers ONLY)*
- Fall 2012**
- Auburn Campus
- Fulton Campus

### PLEASE PRINT OR TYPE

NAME \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE MAIDEN

ADDRESS \_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY STATE ZIP CODE COUNTY COUNTRY OF CITIZENSHIP

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BANNER ID NUMBER \_\_\_\_\_

**ACADEMIC PRE-REQUISITES**

Please complete the following. Please submit official academic transcripts for verification if not already on file at Cayuga. \*A grade of C or higher is required for pre-requisites as indicated below.

**High School Graduate/  
GED** Year \_\_\_\_\_ Institution \_\_\_\_\_

**Algebra Proficiency** \_\_\_\_\_ HS Calculus\* Course Grade \_\_\_\_\_  
\_\_\_\_\_ Acuplacer – tested into Math 102  
\_\_\_\_\_ Math 099\* or higher completed Course Grade \_\_\_\_\_  
Institution you completed above \_\_\_\_\_

**Biology** \_\_\_\_\_ HS Biology \* Course Grade \_\_\_\_\_  
\_\_\_\_\_ College Biology\* 100, 101 or 103 Course Grade \_\_\_\_\_  
Course # \_\_\_\_\_ Institution \_\_\_\_\_

**Chemistry** \_\_\_\_\_ HS Chemistry\* Course Grade \_\_\_\_\_  
\_\_\_\_\_ College Chemistry\* Course Grade \_\_\_\_\_  
Course # \_\_\_\_\_ Institution \_\_\_\_\_

**Nursing Entrance  
Exam** Date completed \_\_\_\_\_  
Composite Score \_\_\_\_\_  
Math Score \_\_\_\_\_

**The following information is required for Spring applicants ONLY:**

**LPN Advanced Placement** Year graduated \_\_\_\_\_ LPN school \_\_\_\_\_  
GPA \_\_\_\_\_ License submitted \_\_\_ Yes \_\_\_ No  
Excelsior Exam (B or higher) \_\_\_ Yes \_\_\_ No (graduated within two years)  
\_\_\_\_\_ Anatomy and Physiology I completed Grade \_\_\_\_\_

*I certify the information on this application is complete and accurate. I understand that falsification or omission of data could result in denial of admission or dismissal from the program.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Office Use Only**

