



R.N.- B.S.N.

► Dual Admissions Program Application

New Jersey City University • Brookdale Community College

Application for Undergraduate Admission to New Jersey City University

(Please type or complete in blue or black ink.)

► PERSONAL INFORMATION

Male Female

Social Security Number _____ Birth Date (Month/Day/Year) _____

Last Name _____ First Name _____ Middle Name _____ Previous Last Name (if any) _____

Permanent Address (Street/P.O. Box and Apartment Number) _____

City _____ State _____ Zip Code _____ County _____ Country (if not USA) _____

Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____ County _____ Country (if not USA) _____

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Home Phone Number _____ Cell Phone Number _____ E-mail Address _____

Anticipated completion date of A.A.S. degree _____

► APPLYING FOR:

Fall (September) Spring (January) Status: Full-time Part-time
_____ Year _____ Year

Will you be applying for financial aid? Yes No

Educational Opportunity Fund/Opportunity Scholarship Program

I received EOF at my prior college? Yes No

Have you previously applied to New Jersey City University? Yes No If Yes, When? _____

► RACE AND ETHNICITY (OPTIONAL)

Responding to the following question is voluntary and all information will be kept confidential. Refusing to provide this information will not adversely affect your application.

- American Indian/Alaskan Native
- Asian
- Black or African-American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Other: _____

▶ CITIZENSHIP

- U.S. Citizen Permanent Resident* Refugee
- International Student (F-1) Non-immigrant (Visitor)

*If permanent resident, please attach copies of both sides of your green card.

If you are an international student, please complete the following:

Will you need an F-1 Visa? Yes No

Type of Visa or Alien Registration Number _____ Date Issued _____ Date of Expiration _____

Country of Birth _____ Country of Citizenship _____

▶ PLEASE COMPLETE

List all colleges, universities, and schools of nursing previously attended (list most recent school attended first) whether or not credit was earned or desired for transfer. Failure to list all institutions attended may result in cancellation of your admission.

Name of Institution #1	City	State	Country	From (month/year) to (month/year)
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Name of Institution #2	City	State	Country	From (month/year) to (month/year)
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Name of Institution #3	City	State	Country	From (month/year) to (month/year)
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Degree(s) Earned: _____ A.A. _____ A.S. _____ A.A.S. _____ B.A. _____ B.S. _____ M.A. _____ M.S. _____ Other
(Use additional sheets if necessary.)

Did either of your parents graduate from college? Yes No

Have any other family members ever attended college? Yes No

▶ APPLICANT: I hereby authorize the Brookdale Community College (BCC) Admissions and Records Office to release any information, including academic information, requested by New Jersey City University (NJCU). I understand that I am declaring my (non-binding) participation in the NJCU/BCC Dual Admissions Program. I understand that by successfully completing the R.N. program and earning the required GPA, I will be guaranteed admission to NJCU. I understand that if I am not enrolled at BCC for more than two consecutive semesters (excluding summer or winter terms), I will have to reapply to the dual admissions program. I understand that this is a non-binding agreement and I may change my mind at any time by writing to the BCC Registrar. If more than four years elapses between the date of initial enrollment in a nursing course at BCC and the date of matriculation at NJCU, I must fulfill the degree requirements in place at the time of entrance to NJCU.

▶ I certify that the information on this application is complete and correct. If it is not, I understand that cancellation of my application or dismissal following admission may result. I agree to abide by the rules and regulations of NJCU. I understand that all transcripts, evaluations, and documents submitted with this application become the property of NJCU and will not be returned.

Signature of Applicant

Date

Please return to Transfer Resources /Articulation Office at Brookdale Community College, MAC 107.