



Online Degree Program Application

Bachelor of Science in Nursing for Registered Nurses

Division of Online and Continuing Studies, MSC 10
Plymouth State University
17 High Street, Plymouth, NH 03264
(603) 535-2822 Fax: (603) 535-2823
Email: psu-docs@plymouth.edu

APPLICATION DEADLINES:

The application and all supporting credentials (see Application Checklist below) must be received by the following dates:

Fall semester: July 20
Spring semester: December 20
Summer session: April 20

Candidates applying after deadlines may receive consideration only as vacancies occur.

The University reserves the right to close admission prior to the above deadlines if enrollment has reached full capacity.

It is your responsibility to have official transcripts from every college/university previously attended forwarded to the Division of Online and Continuing Studies office.

Definition of a Transfer Applicant:

An applicant who, after completion of secondary school, has attended any vocational school, technical school, two-year or four-year college or university either full time or part time. Academic work attempted, but not reported at the time of application, may not be retro-actively transferred.

Definition of an International Applicant:

An applicant who currently has an F-1 visa or who intends to apply for one.

APPLICATION CHECKLIST:

For a Transfer Applicant:

- \$50 Application Fee (nonrefundable and payable to Plymouth State University)
- fee does not apply if transferring from a NH Community College
- All Official college transcripts
- RN License Number or Date to sit for NCLEX
- NH residents MUST complete and have notarized statement regarding domicile
- DD214 military record (if applicable)
- Application MUST be signed

For an International Applicant:

- \$50 (U.S. dollars) Application Fee (nonrefundable and payable to Plymouth State University)
- RN License Number or Date to sit for NCLEX
- U.S. Center for Educational Documentation post-secondary PSU transfer credit evaluation
- TOEFL or IELTS scores
- Notarized PSU Certification of Finances
- Completed International Student Information section on application
- Application MUST be signed

RETURN THE ENTIRE APPLICATION PACKET INCLUDING THE APPLICATION FEE TO ADDRESS LISTED ABOVE.



Division of Online and Continuing Studies

Online Degree Program Application

Bachelor of Science in Nursing for Registered Nurses

Division of Online and Continuing Studies, MSC 10
Plymouth State University
17 High Street, Plymouth, NH 03264
(603) 535-2822 Fax: (603) 535-2823
Email: psu-docs@plymouth.edu

Applying for Term Beginning:

Fall 20
Spring 20
Summer 20

Applying to be a:

Full-Time Student
Part-Time Student

Name Last First Middle Suffix

If any materials will be sent under a different name (i.e., maiden name), what name?

Current mailing address Number & Street or PO Box

Telephone (with area code)
City/Town State Zip Code

Home or permanent residence address (if different from mailing address) Number & Street

Telephone (with area code)
City/Town State Zip Code

Cell phone (with area code)

RN License No. or Date to sit for NCLEX

E-Mail address IMPORTANT: communications will be sent to you via E-mail provided on application.

New Hampshire Resident*
Non-Resident

* If a New Hampshire resident, complete and have notarized the New Hampshire Residents On section on page 3.

Personal Information

Gender: Male Female

Date of birth: MM/DD/YYYY

Social Security Number:
Your SSN is required so the University can fulfill its reporting obligations under federal and state tax laws.

Ethnicity and Race:

Are you Hispanic/Latino? Yes No

Also, select one or more to indicate your race:

- American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or other Pacific Islander
White

Are you a citizen of the United States? Yes No If no, you must complete the International Student Information section on page 3.

Have you ever been suspended or leave with judicial issues pending at another institution or at PSU? No Yes If yes, please provide explanation of suspension or judicial issue.

Have you ever been convicted of a crime? No Yes If yes, explain fully on a separate page and include copy of court report.

Are you now or have you been a member of the military service? No Yes If yes, date of entry: Date of separation: A copy of your DD214 form is required if/when available.

Are you a veteran? No Yes

Educational Information

High School and/or Preparatory School(s) Attended or GED received:

| School | Location | CEEB Number | Dates Attended MM/YY to MM/YY | Date of Graduation |
|--------|----------|-------------|----------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

Colleges or Universities Attended/Attending:

| College or University | Location | CEEB Number | Dates Attended MM/YY to MM/YY | Date of Graduation |
|-----------------------|----------|-------------|----------------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

List the courses you currently are or will be taking before attending Plymouth State:

| Fall Semester | Spring Semester |
|---------------|-----------------|
| | |
| | |
| | |

Have you ever attended or applied to Plymouth State University? Yes No Fall _____ Spring _____

Please list your employment experiences and/or attach current resume. _____

Please list any awards or honors you have received and/or activities (including community organizations) in which you have participated: _____

Optional

Where did you learn about this program? _____

Signature Required for ALL APPLICANTS

I certify that, to the best of my knowledge, the information given in this application is correct and complete.

 Signature of applicant

 Today's date

New Hampshire Residents Only

Years of residence in New Hampshire: _____

You must complete and have notarized one of the statements provided regarding domicile. If neither is appropriate, attach a notarized statement detailing all facts upon which your claim for NH domicile is based. If you are claiming NH domicile but are not currently living in the state, be certain to explain the circumstances that require you to live elsewhere. Payment of property and/or residency taxes does not in itself constitute the basis for a claim to legal domicile. Dependent students whose parents are divorced or legally separated where one, and only one, of the parents is domiciled in New Hampshire are advised to have that parent inform us in a notarized letter of his/her status as a New Hampshire domiciliary. In addition, it will be necessary that we receive documentation from that parent which confirms either his/her legal custody of the student or that he/she provides more than one-half of the student's total financial support. New Hampshire residents who are military personnel on assignment outside the state and who are applying for admission or have dependents doing so, should submit a statement establishing that they entered the armed forces from the state of New Hampshire. This statement should be certified by a commanding officer. A copy of "Rules Governing Tuition Rates for the University System of NH" may be obtained by writing the admission office. Misrepresentation of facts in order to establish a claim to New Hampshire domicile will be viewed by the admission office as justification for revoking an acceptance or returning an application without consideration.

If you are financially dependent on, or are living with, your parents, fill out the following:

Student's name _____
Last First Middle

Legal domicile _____, New Hampshire
Street City

The parents of the above-named applicant have been legally domiciled at the above address for the past 12 month. The family has no other domicile.

Signature of Parent _____

Sworn to me this _____ day of _____, _____
Month Year (Notary Public, Justice of the Peace, etc.) (SEAL)

If you are not living with your parents and are financially independent, fill out the following:

Student's name _____
Last First Middle

Legal domicile _____, New Hampshire
Street City

I have been legally domiciled at the above address for the past 12 months.
I have no other domicile, am on the checklist of the town or city of domicile, and financially independent.

Signature of Applicant _____

Sworn to me this _____ day of _____, _____
Month Year (Notary Public, Justice of the Peace, etc.) (SEAL)

International Student Information

Country of citizenship: _____ Country of birth: _____

Do you have permanent U.S. resident alien status? Yes No If no, please enclose notarized documentation of your current status.

Do you have a green card? Yes No

Do you currently have a U.S. visa? Yes No If yes, what type of visa do you have? F-1 B-1 B-2 Other: _____
Attach a notarized copy of your current visa.

Date you took (or plan to take) the TOEFL or IELTS exam: _____