

CITIZENSHIP

Place of Birth: Country _____

U.S. or Dual U.S. citizen If dual, specify other citizenship: _____

U.S. Permanent Resident Visa: Citizen of: _____ Alien registration # _____
(Please enclose a copy of your Permanent Resident card)

Mark here if English is **NOT** your primary language.

Have you been in a school where English is the language of instruction for 5 years or more? Yes No

Have you taken the ibT (Internet Based TOEFL)? Yes No

PLEASE INDICATE ONE OR MORE WAYS YOU LEARNED ABOUT THE CHRIST COLLEGE OF NURSING AND HEALTH SCIENCES

Personal visit to the College/Open house

Information gained through telephone contact with a College representative

Information/Admission packet received in response to your inquiry

Reputation of the College

A visit to your school by a College representative

Alumni

Career Counselor/School Teacher or Counselor

Current student nurse

Name: _____

Name: _____

Location: _____

Location: _____

Internet Search

Other: _____

Explain in your own words who/what influenced you to apply to The Christ College of Nursing and Health Sciences and what motivates you to become a nurse.

Have you previously applied for admission to The Christ College of Nursing and Health Sciences?

Yes No If yes, what year? _____

OPTIONAL INFORMATION

This information is voluntary and refusal to provide it will not subject you to any adverse treatment. It will be kept confidential and will be used only in accordance with Title VI of the Civil Rights Act of 1964.

American Indian or Alaska Native

Nonresident Alien

Asian

Race and Ethnicity Unknown

Black or African American

Two or more Races

Hispanic/Latino

White

Native Hawaiian or Other Pacific Islander

EDUCATION

HIGH SCHOOL INFORMATION

All applicants are required to submit an official high school transcript or GED.

Are you a high school graduate? Yes No Actual or expected date of graduation: _____

Do you have a GED? Yes No If yes, date GED was awarded: _____

Note: Please submit an official copy of your GED certificate mailed directly to the college from the state.

Official transcripts must be mailed directly to The Christ College of Nursing and Health Sciences Admissions Office (2139 Auburn Avenue, Cincinnati, OH 45219). It is the applicant's responsibility to arrange for official transcripts to be sent directly to The Christ College of Nursing and Health Sciences. If currently enrolled in high school, a final and official transcript must be mailed to the College after graduation. **FAILURE TO LIST ALL INSTITUTIONS PREVIOUSLY ATTENDED MAY RESULT IN DENIAL OF ADMISSION OR DISMISSAL.**

Please list in chronological order all the secondary schools you attended, grades 9-12

School	Location	Dates	Diploma conferred
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date you completed or plan to complete the ACT or SAT: _____

Do you plan to retake the SAT, ACT? Yes No Which test and when? _____

COLLEGE INFORMATION

You are required to list all colleges previously attended and, if currently enrolled, the college you are currently attending. **Official transcripts** must be mailed directly to The Christ College of Nursing and Health Sciences Admissions Office (2139 Auburn Avenue, Cincinnati, OH 45219). It is the applicant's responsibility to arrange for the transcripts to be sent directly to The Christ College of Nursing and Health Sciences. If currently enrolled in college, a final and official transcript must be mailed to the college at the conclusion of the semester/quarter. **FAILURE TO LIST ALL INSTITUTIONS PREVIOUSLY ATTENDED MAY RESULT IN DENIAL OF ADMISSION OR DISMISSAL.**

Please list in chronological order all colleges at which you have taken course for credit, even if no credit was earned.

Name of Institution	City and State	Dates of Attendance	Degree conferred
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any trade school, professional or graduate schools (not identified above) at which you have taken courses for credit.

Name of Institution	City and State	Dates of Attendance	Degree conferred
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION (Continued)

If your educational program was not completed. Please state the reason:

NURSING SCHOOL TRANSFER INFORMATION

Are you requesting transfer to The Christ College of Nursing and Health Sciences from another nursing program? Yes No

Name of Institution	Reason you did not complete this program
City and State	
Dates of Attendance	

Have you ever been suspended, expelled or required to withdraw for disciplinary reasons from any high school or college? Yes No
If "Yes" provide an explanation.

Have you ever been charged with, convicted of, pled guilty, not guilty, or no contest to a misdemeanor or a felony charge? Yes No
If "Yes" provide an explanation.

It is important for a prospective student to know that a past felony or misdemeanor conviction may disqualify him/her from entering a clinical setting, test for licensure, or being hired by potential employers in healthcare professions. The Ohio State Board of Nursing Education and Nurse Registration requires this information. Those convicted of or pleading guilty to a felony must be evaluated by the Board of Nursing for permission to take the licensure examination.

FINANCIAL AID

Check here if you plan to apply for financial aid. (You must complete and submit The Christ College of Nursing and Health Sciences Financial Aid application **and** a Free Application for Federal Student Aid (FAFSA) form to the Federal Student Aid programs. Necessary financial aid forms are sent to all accepted applicants.)

EXTRACURRICULAR INFORMATION

Please list your extracurricular, community and family activities, and hobbies in the order of their interest to you. Include specific events and/or major accomplishments. Please indicate those you intend to pursue in college. (Attach additional pages if necessary.)

Activity	Dates of participation	Offices held/honors won	Pursue in college?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

If you have had any work experience, give facts with dates of employment.

Employer	Job Title	Dates of Employment	Brief Job Description

Military Service: Yes No

Branch of Service: _____

Honorably Discharged: Yes No

ESSAY

The purpose of the essay is to help us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize your thoughts and express yourself. We are looking for an essay that will help us know you better as a person and as a student. Please type an essay (250 – 500 words) on the topic listed below, and attach it to your application before submission.

ESSAY QUESTION

What have you done in concert with other people in a community you belong to that helped you or others in your community to develop in some way, professionally, academically, or personally? Explain the project, how you interacted with others, and your role in the collaboration, what you together accomplished, and the value of the experience to you.

ADDITIONAL INFORMATION

If you will be under 18 years of age when entering The Christ College of Nursing and Health Sciences, please complete the following:

Parent(s) name(s) or legal guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: () _____ Cell phone: () _____

Email _____

SIGNATURE

I certify that the information, which I have provided, is true and accurate to the best of my knowledge. I understand that falsification may result in denial of admission or dismissal from The Christ College of Nursing and Health Sciences. If accepted at The Christ College of Nursing and Health Sciences, I agree that, during such time as I am enrolled as a student, I will abide by all the rules, regulations, practices and policies of the College as they may be at the time of admission or as they may be changed during my continuation as a student.

To be considered for the 2011 – 2012 academic year, the admissions application and all official transcripts must be submitted to The Christ College of Nursing Admissions Office on or before Friday, January 14, 2011 at 5:00 PM. Admissions applications and official transcripts will not be accepted after the deadline date and time.

Signature

Date

The Christ College of Nursing and Health Sciences is committed to a policy of nondiscrimination on the basis of race, color, creed, national origin, ethnicity, age, gender, marital status, sexual orientation, veteran status, disability or economic status in the administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

The policy of the school not to discriminate on the basis of sex or disability is in compliance with Title IX of the 1972 Education Amendments and Section 504 of the Rehabilitation Act of 1973, respectively.

The Christ College
of Nursing and Health Sciences
2139 Auburn, Cincinnati, Ohio 45219
Phone: 513-585-2401
Fax: 513-585-3540

Checklist

- _____ Have your ACT and or SAT scores been sent directly from the testing agency to us if applicable? *(Please note; ACT / SAT scores are required for students who have not successfully completed 12 semester hours or 18 quarter hours of college credit.)*

- _____ Have you identified all names under which documents pertaining to you may be filed?

- _____ Has your high school sent your official high school transcript? If you are a GED recipient, have you had the official GED results sent?

- _____ Have all post secondary and college transcripts been sent?

- _____ Have you answered each question including your Personal Statement?

- _____ Have you signed the application?

- _____ Have you made a copy of this application for your records?

- _____ Have you included your \$45 application fee?

- _____ Have you included your essay?

- _____ Have you taken and submitted the ibT-Internet Based TOEFL (for international students only)?

- _____ If you have permanent resident status, have you included a copy of your card?

