



## 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  
Name: \_\_\_\_\_

Current student nurse  
Name: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Internet Search

Other: \_\_\_\_\_

Ads

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

Yes  No If yes, what year? \_\_\_\_\_

## RACE/ETHNICITY 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.*

**Ethnicity:** Please choose one

Hispanic/Latino:  Yes  No

**Race:** Please choose all that apply

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

# 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:

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## 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	

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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.

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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.

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*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.)

## Military Service

Military Service:  Yes  No

Branch of Service: \_\_\_\_\_

Honorably Discharged:  Yes  No

## WORK EXPERIENCE (for LPN applicants ONLY)

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

Employer	Job Title	Dates of Employment	Brief Job Description

## 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.

\_\_\_\_\_  
*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 signed the application?
- \_\_\_\_\_ Have you made a copy of this application for your records?
- \_\_\_\_\_ Have you included your \$45 application fee?

Permanent Residents Only:

- \_\_\_\_\_ Have you taken and submitted the ibT-Internet Based TOEFL?
- \_\_\_\_\_ Have you included a copy of your permanent resident card?