

**LEHMAN COLLEGE  
THE CITY UNIVERSITY OF NEW YORK  
DEPARTMENT OF NURSING**

**APPLICATION FOR ADMISSION – BACCALAUREATE PROGRAM IN NURSING  
REGISTERED NURSE SEQUENCE**

Name: \_\_\_\_\_  
**Last**
**First**
**Middle**

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address\*: \_\_\_\_\_  
**Number and Street**

\_\_\_\_\_

**City**
**State**
**Zip Code**

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
**Home**
**Business**

**Please List ALL Education Since High School: (Use Additional Sheet if Necessary)**

School	No. of Credits	Major	Dates Attended	Degree Earned

**Basic Nursing Preparation:**

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Level of Preparation: Diploma** \_\_\_\_\_ **AD** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_ **RN License #:** \_\_\_\_\_

**Expiration Date of License:** \_\_\_\_\_

**Date Admitted to Lehman College** \_\_\_\_\_

Notes:

- 1) Official Transcripts must be sent directly from the educational institution to the Nursing Department as well as to Lehman College (CUNY) Admissions.
- 2) It is the responsibility of the APPLICANT to assure that both this form and transcripts are received in the Nursing Department.

\*Please notify us of any changes in your address or telephone number

REGISTERED NURSE PROFILE

**WORK EXPERIENCE: Start with Current Position (Describe your responsibilities)**

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**CERIFICATIONS:**

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**STRENGTHS (Areas you consider yourself as an expert)**

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**LANGUAGES SPOKEN OTHER THAN ENGLISH:**

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**COMMUNITY CONTACTS:**

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**PROFESSIONAL ORGANIZATIONS:**

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**AREAS OF INTEREST IN NURSING:**

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**COMPUTER SKILLS:** For Example, Word Processing

Check one: Yes ف      No ف      *If Yes, please Explain:*

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**Do you have access to the Internet? Yes ف      No ف**