

Coppin State University
Helene Fuld School of Nursing
Undergraduate Nursing Admissions
2500 West North Avenue
Baltimore, Maryland 21216-3698
(410)951-3970

APPLICATION FOR ADMISSION TO UNDERGRADUATE NURSING STUDIES
(please type or print legibly in ink)

** Applicant should arrange to have official academic transcripts submitted to Admissions and Nursing from each institution attended. **

PERSONAL INFORMATION

Last Name _____

First Name _____

Middle Name _____

Any other name used on transcripts and/or
other documents

Email: _____

U.S. Social Security No. _____ - _____ - _____

Sex: Female ____ Male ____

Telephone Numbers:

Home: (_____) _____ - _____

Work: (_____) _____ - _____

Cell: (_____) _____ - _____

ENROLLMENT INFORMATION

Please note: CSUHFSN only accepts new students in the fall semester.

Term for which you are applying: Fall Semester 20____

Indicate BSN program to which you are applying: BSN____ RN to BSN____ RN to BSN Accelerated____

Freshman____ Transfer ____ 2nd Bachelor____ Within Coppin ____

FOR OFFICE USE ONLY:

Placement Test Scores:

Coppin GPA _____ Transfer GPA _____

Read____ Essay____ ELAG ____ CLMA ____

SAT: V____ M____

Needs: DVMT 108____ DVMT 109 ____ REED____

NET Scores

1st Date ____/____/____ Comp ____ RC____ M ____ **CSU Student ID#** _____

2nd Date ____/____/____ Comp ____ RC____ M____

Plan: _____ SubPlan: _____

Accept Deny Date / /

“Coppin: The Caring Nursing Program”
“Success Is Waiting For You”
“Nurturing Potential, Transforming Lives”

LICENSE/CERTIFICATION INFORMATION (All Applicants)

Please check to indicate current qualifications:

- CMA – Certified Medical Assistant
- GNA – Geriatric Nursing Assistant
- CNA – Certified Nursing Assistant
- LPN – Licensed Practical Nurse
- EMT – Emergency Medical Technician
- RN – Registered Nurse

RN's ONLY

RN Licensure Data:

State Licensed in? _____ License Number? _____

Expiration Date? _____

How did you receive your designation as an RN?

- Associate Arts Degree
- Diploma

PRACTICE SETTINGS (RN's Only)

- Clinics
- Physician's Office
- Hospitals
- Schools
- Military
- Other _____

Please sign this application.

I hereby certify that I have personally filled out this form and that the information is complete and accurate. I understand that this application, as well as all credentials submitted in support of this application, become the property of the Coppin State University Helene Fuld School of Nursing and are not returnable or transferable under any circumstances.

Date _____ Signature _____