Dear Prospective Student:

Thank you for your interest in baccalaureate nursing education in the Coppin State University (CSU), College of Health Professions (CHP), Helene Fuld School of Nursing. Enclosed is information concerning the application process and special instructions. Please adhere to these instructions to help ensure an expeditious review and admission both to CSU, the CHP and the HFSON.

INSTRUCTIONS

1. Complete the enclosed Coppin State University Undergraduate Admission Application Form. Please note that applicants must request that official transcripts be sent from all schools you have previously attended. One copy should be sent to the Office of Admissions and one copy to the CHP Office of Student Affairs and Retention (STAR).

2. The SAT is waived for applicants who have had a five-year break in their education. However, university placement examinations will have to be taken for those students and Transfer Students also unless otherwise exempt. (Refer to the placement and retention excerpts from the current Coppin State University Catalog online at www.coppin.edu)

3. Mail the completed Coppin State University Undergraduate Admission Application, have official copies of transcripts from all schools previously attended sent to:

   COPPIN STATE UNIVERSITY
   OFFICE OF ADMISSIONS
   2500 WEST NORTH AVENUE
   BALTIMORE, MD 21216-3698
   (410) 951-3600

   When the University receives and reviews applicants' information, applicants will be notified regarding their admission status at Coppin. Applicants must be accepted to Coppin State University and fulfill any requirements set forth by the Office of Admissions before their application will be considered by the College of Health Professions and the Helene Fuld School of Nursing.

4. When nearing completion of all pre-requisite coursework, either at CSU or by transfer, applicants should mail or present a completed Helene Fuld School of Nursing Application Form, have three (3) Nursing Recommendations forms sent, and also have official copies of academic transcripts from all schools previously attended sent as soon as possible to:

   COPPIN STATE UNIVERSITY
   COLLEGE OF HEALTH PROFESSIONS
   STUDENT AFFAIRS AND RETENTION (STAR)
   2500 WEST NORTH AVENUE
   BALTIMORE, MD 21216-3698
5. Applicants who have been accepted to the University, met all the requirements thereof, and have a cumulative Grade Point Average (GPA) of at least 2.5 for the Traditional BSN and 2.8 for the Accelerated Second Degree BSN and RN to BSN programs as stipulated by Coppin State University Office of Admissions, must also arrange to take the Entrance Examination. Please contact the STAR Office for further instructions on taking the entrance examination.

6. Please note that an applicant may not officially declare Nursing as a major nor until accepted by the School of Nursing. Acceptance to Coppin State University does not mean automatic acceptance into the Nursing Program. Students must meet the requirements of and be accepted by the School of Nursing to declare Nursing as a major.

7. Information on financial assistance is available through the Financial Aid Office. If you are considering requesting financial aid, you should schedule an appointment with a Financial Aid Counselor in the Financial Aid Office by calling (410) 951-3636. In this way, applicants are able to obtain the required forms and to explore the various financial aid options available. DO NOT WAIT! Applicants will want applications processed well before any deadlines arrive! Also, keep in mind that once a student is accepted into the Nursing Program, other financial aid options may become available.

8. Due to the overwhelming number of applications received each year, following up on your application is in your best interest. Do not be afraid to call to speak to the STAR office, by calling, email or walk in. We are here to serve you!

The Office of Admissions and the School of Nursing applaud your academic pursuit. We hope you will let us know of any feedback related to completing forms or meeting application requirements. If you have any questions or concerns about completing the enclosed forms or the admissions process, we can be reached in the CHP Office of Student Affairs and Retention (STAR) at (410) 951-3970 or by email at healthprofesssions@coppin.edu.
COPPIN STATE UNIVERSITY
UNDERGRADUATE

ADMISSIONS APPLICATION
You must submit SAT or ACT scores, official high school and/or college transcripts before an admission decision can be made.

PLEASE TYPE OR PRINT

BIOGRAPHICAL INFORMATION

Application Fee: $50

1. Name:____________________________________________________________________________________________________

2. Social Security Number __________-________-_________ (If you plan to apply for Federal Financial Aid, your Social Security Number is required.)

3. Previous name under which your academic records may be filed:______________________________________________________

4. Permanent Address:___________________________________________________________

5. Local Address:_______________________________________________________________

6. Home Phone (______) ______________________________ Mobile Phone (______) ______________________________

7. Employer: ___________________________________________________ Business Phone: (______) ______________________________

8. Date of Birth:______/_____/_____

9. Marital Status: □ Single  □ Married

10. Gender: □ Male □ Female

11. Ethnic Origin: Are you of Hispanic or Latino origin? □ Yes □ No

What is your race? Select all that apply: □ Black □ White □ Asian □ American Indian □ Native Hawaiian/Pacific Islander

12. Are you a Veteran? □ Yes □ No Service Entry Date: ___________________ Service Release Date: ______________________

13. Did either of your parents graduate from college? □ Yes □ No

14. Are you a U.S. Citizen? □ Yes □ No If no, country or citizenship:_________________________Country of birth:____________________

15. Non U.S. Citizen only: (A) Are you currently residing in the U.S.? □ Yes □ No (B) Native Language:_________________________

(C) If residing in the U.S., indicate date you arrived _________/_______ and the type of VISA you currently hold:_____________________

(D) Have you taken the test of English as a Foreign Language (TOEFL)? □ Yes □ No If yes, give date______/_____/_____

16. Is Maryland your legal state of residence? □ Yes □ No

If yes, HOW LONG HAVE YOU RESIDED IN MARYLAND:______________ years. If you have resided in MD for 12 consecutive months or longer, please complete the MD residency page and submit supplemental documentation. Enrolled students who do not complete the residency process will be charged out of state tuition and fee rates.

ENROLLMENT INFORMATION

1. Indicate term □ Fall Term (August) 20____ □ Spring Term (January) 20____

2. Indicate Classification □ Freshman □ Transfer □ Non-Degree (Special)* □ Non-Degree Dual Enrollment (HS Students Only) □ 2nd Bachelor’s
ACADEMIC PLANS AT COPPIN

Please refer to the current Coppin catalog for academic divisions, majors, minors, etc. This information is sought from the applicant for Institutional purposes only, and does NOT represent a formal declaration of a major or minor.

1. Are you seeking a degree at Coppin? [ ] Yes  [ ] No. If yes, check ONLY ONE degree program below:

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<thead>
<tr>
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<th>COLLEGE of BEHAVIORAL and SOCIAL SCIENCES</th>
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<td>□ Health Information Management (HIM)*</td>
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<td>□ Health Sciences</td>
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<td>□ Sport Management*</td>
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ACADEMIC HISTORY: HIGH SCHOOL and COLLEGE

Name of High School from which you graduated (attend) _____________ City/State _____________ Date of Graduation/ Anticipated Graduation (M/Y) _____________

If not a high school graduate, check here for G.E.D. [ ] GED test date (if not a high School Graduate) Month: _____/Year_______

Applicants under 21 years of age must submit official SAT/ACT scores in addition to your high school transcript/GED scores.

Name of College/Univ. attended _____________ State _____________ Dates Attended _____________

Name of College/Univ. attended _____________ State _____________ Dates Attended _____________

Name of College/Univ. attended _____________ State _____________ Dates Attended _____________

Name of College/Univ. attended _____________ State _____________ Dates Attended _____________

CANDIDATE’S AGREEMENT * (Read carefully, then sign)

1. In making this application, I accept and agree to abide by the policies and regulations of Coppin State University concerning drug and alcohol abuse and understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.

2. If admitted to Coppin State University, I hereby agree to abide by all regulations and requirements of the University now in effect, or those which may be adopted during my residence as a student.

3. I also certify that I have supplied complete academic history data, including all previously attended colleges and universities, whether part-time or full-time.

4. I understand that failure to give complete and accurate information on this application will result in the immediate cancellation of my application for admission; or, if admitted, dismissal from the University.

SIGNATURE OF APPLICANT ______________________________ DATE __________________________

SIGNATURE OF PARENT OR GUARDIAN ______________________________ DATE __________________________

(Required if applicant is under 18 years of age)

FOR OFFICE USE ONLY

Cum. GPA SAT ACT Cum TRN Cred. A C P D WL/SASA FM ND VPEM

Merit Honors PS Hold: _____FHT _____________ FCT Residency Complete [ ] Y [ ] N

*If student has chosen non-degree option, has student signed non-degree contract? [ ] Y [ ] N

ADM Rep: __________________________ Date: _____________

CSU Fee Waiver [ ] CB/SAT Fee Waiver [ ] Fee Paid [ ] Event: NAF - HSV Date: 1/5/16 CSU Rep: JSH

Notes: ____________________________________________________________

______________________________________________________________
Early Decision Nursing Application Deadline: December 1st

Final Nursing Application Deadline: February 1st

Please note:
Final Nursing Application Deadline for the RN to BSN program: July 15th
APPLICATION FOR ADMISSION TO BACCALAUREATE NURSING STUDIES
(Please type or print legibly in ink)

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

PERSONAL INFORMATION

Last Name ___________________________
First Name ___________________________
Middle Name _________________________
Any other name used on transcripts and/or other documents? __________________________
Address______________________________
City______________ State____ Zip Code_____
Email: ________________________________

U.S. Social Security No. _____  - ___  -_____
(Sex: Female ___ Male ___   D.O.B ___/___/____)
Telephone Numbers:
Home: (_______) _________ - ___________
Work: (_______) _________ - ___________
Cell: (_______) _________ - ___________

ENROLLMENT INFORMATION

Please note: CSUHFSON only accepts new students in the fall semester and all prerequisites should be completed by the end of the fall semester the year before you wish to begin the program to increase your chances of admission.

Term for which you are applying:   Fall Semester 20___
Indicate BSN program to which you are applying:

Traditional BSN___
Accelerated Second Degree BSN___
RN (Associate’s Degree or Diploma in Nursing) to BSN___

Are you a:  Transfer Student ____ 2nd Bachelor’s Student____ Student within Coppin ____

Do you plan to live on campus?  Yes ______ No______
**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

**EDUCATION: Please list all College and Universities Attended**

1. ____________________________ 5. ____________________________
2. ____________________________ 6. ____________________________
3. ____________________________ 7. ____________________________
4. ____________________________ 8. ____________________________

**How Did You Hear About Us? (Please indicate where you saw the ad that sparked your interest is us.)**

1. Magazine Ad? Which one(s)? ____________________________
2. T.V. Ad? Which Station? ____________________________
3. Radio Ad? Which Station? ____________________________
4. Newspaper Ad? Which one(s)? ____________________________
5. CSU Website? ____________________________
6. Word of Mouth/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, College of Health Professions, and Helene Fuld School of Nursing and are not returnable or transferable under any circumstances.

Date __________________ Signature __________________

Baccalaureate Nursing Application revised by CSU CHP Administration – October 2015
Three recommendations are required. Traditional BSN, Accelerated Second Degree BSN and RN to BSN applicants may submit academic and also professional recommendations.

Instructions to applicant: Please complete the information below and then give a form to each individual who will complete the recommendation on your behalf. Provide your recommenders with postage and envelopes addressed to: Coppin State University, College of Health Professions, Office of Student Affairs and Retention (STAR), 2500 W. North Avenue, Baltimore, MD 21216.

Last Name ___________________________ First Name ___________________________ MI __________
Street Address _____________________ City ___________________________ State __________
Country ___________________________ Zip or Postal Code ___________________________

Semester to begin attendance ___________________________ Plan of Study applying for admission ___________________________

Public Law 93-380, Education Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placement files. I wish to have access: Yes ______ No ______

Signature ___________________________ Date ___________________________

Coppin State University Student I.D. # __________________________________________

Instructions to recommender: We appreciate your assessment of the applicant’s scholarship, character, and professional promise. Please emphasize characteristics and accomplishments that suggest the applicant will be successful in the nursing program. Your statements may be continued on the reverse side, or you may use your own letterhead stationery. Please complete the chart below.

How long and in what capacity have you known the applicant? ___________________________

Statement:

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Print Name and Title ___________________________ Institutional Affiliation ___________________________

Address ______________________________________

Signature _____________________________________

Date___________________________ E-mail _____________________________

Revised 9-22-2015 by CSU CHP Administration
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Signature____________________
Date____________________ E-mail ___________________________

Revised 9-22-2015 by CSU CHP Administration
Recommendation Form

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Signature ________________________________________________
Date ____________________________ E-mail ____________________________

Revised 9-22-2015 by CSU CHP Administration
COPPIN STATE UNIVERSITY

TUITION, FEES
&
SCHOLARSHIP INFORMATION

For the most current information please visit:

http://www.coppin.edu/ > All Things Financial > Cost of Attendance
THANK YOU

Office of Student Affairs and Retention (STAR) (410) 951-3970

Health and Human Services Building (HHSB) Suite 133
Office Hours: Monday - Friday, 9:00 a.m. - 5:00 p.m.
Email: healthprofessions@coppin.edu

“Nurturing Potential, Transforming Lives”

Coppin State University
College of Health Professions
2500 W. North Avenue
Baltimore, Maryland 21216-3698
www.coppin.edu/chp