

NURSING PROGRAM APPLICATION

All correspondence regarding your application will be via your SUNY Adirondack email address which is the official means of communications in regard to all business pertaining to the College. If you do not currently have a SUNY Adirondack email we will use the email address you have provided below. You are responsible for checking email frequently and consistently. You must have applied and been accepted to SUNY Adirondack **prior** to completing the nursing application form.

First Name: _____ MI: _____ Last Name: _____ Date of Birth: ____ / ____ / ____

Current Address: _____
number street city state zip

SUNY Adirondack Email (if applicable): _____

Alternate Email: _____

Banner ID #: _____

Preferred Phone #: _____

Are you enrolled in classes this semester at SUNY Adirondack: Yes No

If currently enrolled, what is your major: _____

Are you an LPN: Yes No

List previous colleges attended: _____

Have you ever been convicted of a felony: Yes No Have you ever been convicted of a misdemeanor: Yes No

Which semester are you applying for? (you may only apply for one semester) Fall _____ Spring _____
year year

Application deadline for the spring semester is September 15. Application deadline for the fall semester is February 1.

College transcripts (official or unofficial) from all colleges attended, including SUNY Adirondack, are attached to this application: Yes No*

***Please be advised that if you marked NO, your application will not be considered until all transcripts are received in the Health Sciences Division.**

Student Signature: _____

My signature attests to the fact that the information provided on this application is correct.

Please submit this nursing application and supporting documents to the address below.

HEALTH SCIENCES DIVISION/NURSING PROGRAM: WASHINGTON HALL

Phone: (518) 743.2265 | 640 Bay Road | Queensbury, NY 12804-1445