

## PRE-LICENSURE ADMISSION CHECKLIST

### Pre-Application

- Admission interview with admission representative  Unofficial transcripts for review  Passion & Purpose Profile

### Post Application

- Completed Admission Application with \$95 application fee (check or credit card accepted, fee subject to change)  
 Financial Planning Overview: \_\_\_\_\_  In person  Phone  
 DATE

Official High School or GED transcripts:  Requested  Submitted High School: \_\_\_\_\_

Official transcripts from all colleges attended:

Requested  Submitted College/Institution: \_\_\_\_\_

Requested  Submitted College/Institution: \_\_\_\_\_

Requested  Submitted College/Institution: \_\_\_\_\_

Send official transcripts to Registrar Services:

By mail:

**Chamberlain College of Nursing**  
**Attention Registrar**  
**1200 E. Diehl Road**  
**Naperville, IL 60563**

By email: [dvuacrequests@devrygroup.com](mailto:dvuacrequests@devrygroup.com)

By fax: **630.572.5958**

NOTE: An institutional fax cover sheet must accompany all faxed transcripts.  
 If official transcripts are faxed, a mailed copy is not required.

Test of English as a Foreign Language (TOEFL) (Required for applicants whose native language is not English)

Admission Assessment (A2): \_\_\_\_\_  
 DATE

Free Application for Federal Student Aid (FAFSA®) recommended for those interested in applying for financial aid: [fafsa.ed.gov](http://fafsa.ed.gov)  
 Chamberlain school code: **006385**

NOTE: When searching [fafsa.ed.gov](http://fafsa.ed.gov) by school code, the Chamberlain listing will appear as Chamberlain College of Nursing Addison, IL.  
 Indianapolis students, include **E02182** as your first school code (in addition to **006385**) to be considered for Indiana state grant funds.

### Next Steps

Completed file sent to Admission Committee: \_\_\_\_\_  
 DATE

NOTE: Admission representative will notify applicant if Admission Committee deems him/her academically eligible.

Pre-enrollment appointment: \_\_\_\_\_  
 DATE TIME

### Reviewed by

\_\_\_\_\_  
 ADMISSION REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

### Notes

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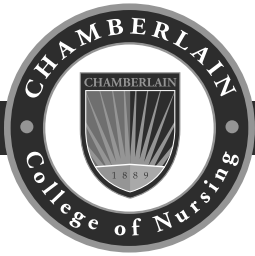


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NOTE: Completion and submission of all pre-licensure admission checklist items does not guarantee admission into a Chamberlain degree program or program option. Admission decisions are at the sole discretion of the Chamberlain Admission Committee and are subject to academic eligibility and clinical eligibility requirements.



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