



# Application for Admission

Please check the location to which you are applying:

- 2149 W. Dunlap Avenue, Phoenix, AZ 85021, Phone/Fax: 602-331-2720 / 602-870-9761
- 11830 Westline Industrial Drive, Suite 106, St. Louis, MO 63146  
Phone/Fax: 314-991-6200 / 314-991-6281
- 5200 Belfort Road, Jacksonville, FL 32256, Phone/Fax: 904-251-8110 / 904-251-8390

- 1221 N. Swift Road, Addison, IL 60101, Phone/Fax: 630-953-3680 / 630-628-1153
- 1350 Alum Creek Drive, Columbus, OH 43209, Phone/Fax: 614-252-8890 / 614-251-6971
- RN to BSN/MSN Online Phone/Fax: 888-556-8226 / 866-603-8669
- 3300 N. Campbell Ave, Chicago, IL 60618, Phone/Fax: 773-961-3000 / 773-961-3190
- 2450 Crystal City Drive, Arlington, VA 22202, Phone/Fax: 703-416-7300 / 703-415-7490

Admission Representative: \_\_\_\_\_

Please indicate session start preference:  Spring  Summer  Fall  Other: \_\_\_\_\_

Date of application: \_\_\_\_\_ Anticipated entrance date: \_\_\_\_\_

How did you hear about Chamberlain? \_\_\_\_\_

Please select your program of choice (program availability varies by location)

- Associate:  Associate Level of Nursing (on-site)  
 Associate Level of Nursing (online)  
 LPN to RN Bridge (on-site)  
 LPN to RN Bridge (online)
- Baccalaureate:  Bachelor of Science in Nursing (on-site)  
 RN to BSN Online Degree Completion Program
- Graduate:  Master of Science in Nursing

Please Print Clearly:

Mr.  Mrs.  Ms.  Miss      \*\*Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle (Maiden)

Address: \_\_\_\_\_  
Street City State Zip County

Phone number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work

Email address: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Other last names you have used: \_\_\_\_\_

High school from which you graduated/last attended: \_\_\_\_\_

High school address: \_\_\_\_\_  
City State Zip

Year of graduation: \_\_\_\_\_ -OR- Year of GED completion: \_\_\_\_\_

High School CGPA: \_\_\_\_\_ - ACT: \_\_\_\_\_ SAT: \_\_\_\_\_

Are you a Registered Nurse?  Yes  No Do you have an unrestricted nursing license?  Yes  No  
Do you plan to apply for Financial Aid?  Yes  No Gender \*  Female  Male

Race/Ethnicity (U.S. Residents Only)\*

Do you consider yourself to be Hispanic/Latino?  Yes  No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White

Are you incarcerated?  Yes  No

Have you ever been convicted of a felony or other serious criminal act?  Yes  No

Previous education - Please list all colleges, universities and nursing schools attended:

Name of Institution	City/State	Dates Attended	Credits/Degrees	GPA

Current place of employment : \_\_\_\_\_

Position/Title: \_\_\_\_\_

*\*Chamberlain College of Nursing does not discriminate in recruitment, education, employment, programs, activities, or services on the basis of race, age, religion, gender, sexual orientation, national origin, ancestry, color, creed, disability, political affiliation or belief, or veteran status. Chamberlain complies with Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. Chamberlain does not discriminate on the basis of disability. Additional information about this policy or about assistance to accommodate individual needs is available from General Counsel at DeVry Inc., 3005 Highland Parkway, Downers Grove, IL 60515-5683 (800-225-8000).*

**\*\*Personally Identifiable Information**

Chamberlain College of Nursing is required to collect the social security number (SSN) for a variety of legally mandated activities, including income tax reporting and administration of federally supported financial aid programs. The SSN is not used as the student's primary identification; however, students who do not provide this information at the point of application may experience a delay in financial aid processing. Chamberlain College of Nursing has adopted privacy policies and practices designed to protect student's personal information. Only information required to efficiently conduct our business and meet state and federal reporting requirements is collected. The information collected is only disclosed as permitted under the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). The FERPA policy is printed in the student handbook and is available for review in the Student Services office.

I authorize Chamberlain College of Nursing to contact me via phone, cell phone, text, mail or email, regardless of being registered on a state or federal Do Not Call List.

I certify that the information provided on this application is complete and accurate. I realize that failure to provide correct information is sufficient cause for reconsideration of my admission status. I also understand the privilege of writing the licensing examination is dependent on my satisfactory compliance with state requirements and the Nurse Practice Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This section for Pre-Licensure students only**

The privilege of writing the nursing licensing examination is dependent upon satisfactory compliance with state requirements and the Nurse Practice Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Office Use Only:**

D# : \_\_\_\_\_

Lead#: \_\_\_\_\_ Person#: \_\_\_\_\_

Application fee paid:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Method: Check#: \_\_\_\_\_ Credit Card (Circle One)  
MC / VISA / Discover / AMEX

Received by: \_\_\_\_\_

**Chamberlain Representative:**

Complete notice of cancellation date on the back of this application

## Buyer's Right to Cancel

Applicant: You may cancel this application without any penalty or obligation up to midnight of the 10<sup>th</sup> business day after submitting this application (Saturdays, Sundays and holidays are not business days). If you cancel, your application fee will be refunded within 10 business days.

To cancel this application, submit a signed and dated notice with the applicant's name and address (**required to process the cancellation**) no later than midnight of the date listed below.

Chamberlain Representative: Enter date that is 10 business days from the date of application (MM / DD / YYYY)

Cancellation requests are accepted:

**By mail to:**

Chamberlain College of Nursing  
814 Commerce Drive  
Oak Brook, IL 60523  
Attn: Customer Service

**By fax to:**

630-574-1968

**By email to:**

noticeofcancellation@chamberlain.edu

**WISCONSIN STUDENTS ONLY:** Purchase of educational goods and services offered by a school is deemed to take place when written and financial acceptance is communicated to the student by the school. If the admissions representative who enrolls you is authorized to grant written acceptance at the time you enroll, and does so, the cancellation period ends at the date specified above. **If you have not been accepted in writing at the time you enroll, the cancellation period does not end until midnight of the 10<sup>th</sup> business day after the day you receive written acceptance from the school.**



**CHAMBERLAIN**  
*College of Nursing*

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888-556-8CCN (8226)  
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