COLLEGE of NURSING
National Management Office | 3005 Highland Parkway, Downers Grove, IL 60515 | 888.556.8226 | chamberlain.edu
Please visit **chamberlain.edu/locations** for location specific address, phone and fax information.

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 University
ATTN: Registrar Services
3005 Highland Parkway
Downers Grove, IL 60515-5799

By email: **CUTranscripts@Chamberlain.edu**

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**
Chamberlain school code: **006385**

NOTE: When searching **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

_____

_____

_____

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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