

APPLICATION FOR THE ADVANCED PLACEMENT PROGRAM SPRING/ FALL

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

Please check Campus you wish to attend:

Rutgers Camden _____

Atlantic Cape Community College _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ RUID or SSN: _____

NJ Nursing License Number: _____ Year Received: _____

*If you have not taken the NCLEX when do you expect to take it? _____

**If you have taken NCLEX but have not received your results, you may register to take *prerequisite* courses only. Upon successful passing of NCLEX, notify the Department of Nursing to access registration to nursing courses. An applicant who is accepted and does NOT pass the NCLEX will not be able to continue in the RN to BSN program until passing the NCLEX.

NOTE:

1. In order to be eligible for admission to the Advanced Practice Nursing program at Rutgers Camden College of Arts & Sciences or Rutgers at Atlantic Cape Community College, students must be a RN and have taken and passed the NCLEX.
2. In order for your application to be complete you must complete and return this form; in addition to completing and submitting the Rutgers online application at www.admission.rutgers.edu.
3. If you have any questions about this form or the program, please contact Nancy Powell, Coordinator of the ACCC RN to BSN program, at nmpowell@camden.rutgers.edu.
4. Sign, date, and return this form to:

Dept. of Nursing, Rutgers Camden College of Arts & Sciences

311 N 5th St. Armitage Hall, Camden, NJ 08102

Phone: 856-225-6226

Fax: 856-225-6250

Email: nursecam@camden.rutgers.edu

Application for Advanced Placement Nursing Program 2009

Signature of Applicant: _____ Date: _____

Department Approval: _____
(Signed by Nursing Department)