101VeraKingFarrisDrive| Galloway NJ 08205-9441 stockton.edu

Accelerated Nursing Program Application Checklist Please complete and return to $-"f \cdot -" t"@stockton.edu$.

Applicant Name: Date of Birth:	
County/State of residence	
Email address (if a Stockton Universi	ty graduate, please list your Stockton email address)

Applicants who meet the below admission requirements will be reviewed and considered for the Accelerated Nursing Program. Applicants must submit an official transcript from EACH institution attended and required courses must already be completed PRIOR to being reviewed.

Additional details: https://stockton.edu/health-sciences/nursing-accelerated.html.

- x Pre-requisite science course grades: If course was taken at a college/university other than Stockton, arB o better is required for transfer. If the course was taken at Stockton University, a grade of C or betties required.
- x Pre-requisite science courses embedded in other courses will not be accepted for transfer credit. Some courses takenshould be individually focused on each of the prerequisite sciences and include an associated to the
- x Pre-requisite sciences courses should be less than 5 years old.
- x Pre-requisite science courses > 5 years old will require the applicant to take the NLN PAX examinationass part of the Admissions process.

Applicant:	All below areas must @OMPLETED dchecked for the file to move forwold fch	Committee:
Please check off boxes below.		Verified-Please Initial and Date.
	Official transcript from Earned Baccalaureate De@ate of D@ree:	_
	Degree namæx: BSHS, Bio, etc.):	
	University degree was earned: GPA	
	Official transcript with com6 270.24 0.48n9.9 (:)98 270.i0 Year Taken:	Grade:
	Official transcript with completion of Introduction to Psychology	
	Name of instituon: Year Taken: Grade:	
	Official transcript with completion of Life Span Developmental Psychology	
	Name of institution:	