

# BECKER COLLEGE

CENTER FOR ACCELERATED & PROFESSIONAL STUDIES

## Application for Admission

Please Check the Online Degree Completion Program you are applying for:

**RN-BSN Degree Completion Program**

Please complete, sign and return the **Application for Admission** accompanied by a \$40 non-refundable application fee to Becker College, Center for Accelerated & Professional Studies, 61 Sever Street, Worcester, MA 01609. Checks or money orders should be made payable to Becker College.

### PERSONAL INFORMATION

Date \_\_\_\_\_ Program Location \_\_\_\_\_

Name \_\_\_\_\_  
first middle maiden, if applicable last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Home Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_  
month day year

### SECONDARY SCHOOL INFORMATION *Transcripted proof of High School or GED completion is required.*

high school location dates of attendance date of graduation

### NURSING INFORMATION

MA Registered nursing License or ( NCLEX): \_\_\_\_\_ Date \_\_\_\_\_

### TRANSFER INFORMATION

Have you previously inquired about Becker College?  Yes  No

Have you previously attended Becker College?  Yes  No

Last Year of Attendance \_\_\_\_\_ Program \_\_\_\_\_

List all colleges or universities you have attended for academic credit. Also, if applicable, list branch of military service and/or college credit tests (CLEP, PEP, DANTES, USAFI) and college and non-collegiate accredited courses taken. An official transcript will be required from EVERY college or university attended and for test scores. A notarized copy of your DD-214 or DD-295 forms (military) and other appropriate military records are necessary for the complete evaluation of military credit.

	(1)	(2)	(3)
School Name	_____	_____	_____
Location	_____	_____	_____
Dates Attended	_____	_____	_____
Approximate # of Transfer Credits	_____	_____	_____
Degree Earned	_____	_____	_____

**EMPLOYER INFORMATION**

Name of Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Work/Daytime Phone (\_\_\_\_) \_\_\_\_\_ Work/Fax (\_\_\_\_) \_\_\_\_\_

Work Email Address \_\_\_\_\_

My employer is paying  All  Part  None of My Tuition

**WORK EXPERIENCE**

Applicants must list a minimum of three (3) years full-time work experience beginning with the most recent employment. Please include full and part-time experience.

Name of Employer	City/State	Dates	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ADDITIONAL INFORMATION**

How did you first become interested in attending Becker College?

- Alumnus
- Faculty
- Becker Student  
name of student \_\_\_\_\_
- Newspaper
- Information Session
- Radio
- Internet Search
- Direct Mailing
- Other  
please specify \_\_\_\_\_

**ETHNICITY** *OPTIONAL*

In connection with its Affirmative Action Plan, Becker College is committed to guaranteeing equality of opportunity in education to students of all racial and ethnic backgrounds.

I consider myself to be a member of the following group:

- American Indian/  
Native American
- Asian-American
- Black or African-American
- Chicano or Mexican-American
- Puerto Rican
- Other Spanish American
- White Anglo American
- Other  
please specify \_\_\_\_\_

FAFSA Online Application Complete

I recognize that all information forwarded in support of this application for admission becomes the property of Becker College and will not be returned to or shared with the applicant. I also certify that the information in this application is accurate and correct to the best of my knowledge.

**Becker College routinely publishes photographs of students in college-sponsored publications and releases the names of students who are scheduled to graduate or who have achieved another honor to the press. Students electing not to have their photographs or achievements published are required to notify the registrar's office in writing at the beginning of each semester.**

**Your Signature** \_\_\_\_\_

By signing this Application Form, the student accepts all conditions represented above