APPLICATION FOR
UNDERGRADUATE ADMISSION
Fall 2018 UMass Memorial Health Care RN to BS Cohort
Application deadline April 15, 2018 / $50.00 application fee waived

PERSONAL INFORMATION Please print using pen.
Last Name:    First Name:   Middle Name: 

Mailing Address: Number & Street

City:    State:  Zip:   Country (if other than US)

Home Phone:     Cell Phone:  Email Address:
(        )     (        )

Other last name(s) if applicable:             Social Security Number:*           Gender:           Date of Birth

Ethnicity (optional):   *Must be completed if applying for financial aid    mm / dd / yy

A.  Are you Hispanic/Latino?  ☐ Yes  ☐ No
B.  Check all that apply  ☐ American/Alaska Native  ☐ Asian  ☐ Black or African American
    ☐ Cape Verdean  ☐ Hawaiian/Pacific Islander  ☐ White

EMPLOYMENT INFORMATION
Name of Organization:     Division/Dept: 

CITIZENSHIP Please select one status only.
☐ U.S. Citizen  ☐ Permanent Resident with valid Green Card / I-551 registration number:  
☐ Other  
☐ International student who needs an F-1 Student Visa if accepted and enrolled**
Country of Citizenship:  

**International students need to submit the WSU Certification of Finances form with their application

EMERGENCY CONTACT INFORMATION Please print.
Last Name:    First Name: 

Mailing Address: Number & Street

City:    State:  Zip:   Country (if other than US)

Home Phone:     Cell Phone:
(        )     (        )
FAMILY INFORMATION

Please list any family members who have graduated from Worcester State University.

Last Name:    First Name:

ENROLLMENT INFORMATION

Check one applicant type:

- [ ] First Time (never attended college)  - [ ] Transfer (have attended other colleges)
- [ ] Readmit (previously accepted to and enrolled at Worcester State University)

EDUCATIONAL INFORMATION

Please submit an official high school transcript to the Continuing Education Office, Worcester State University.

Name of High School:    City:  State:   Zip:  

Country, if other than U.S.:    Attended from:  month/year to month/year

If you did not graduate from high school, do you have a high school equivalency certificate (GED)?

- [ ] Yes  - [ ] No  If yes, please submit a copy of your GED test scores.

POST-SECONDARY EDUCATIONAL INFO. Transfer and Readmit students

You must include all colleges and universities attended, including Worcester State University, if applicable. Start with the most recently attended. Official transcripts from every college and university you have attended must be forwarded directly to the Continuing Education Office, Worcester State University.

1. Name of College:    Degree Earned, if applicable:  Date of Degree:

   City/Town:  State  Years Attended:

2. Name of College:    Degree Earned, if applicable:  Date of Degree:

   City/Town:  State  Years Attended:

3. Name of College:    Degree Earned, if applicable:  Date of Degree:

   City/Town:  State  Years Attended:

By the time I enroll at Worcester State University, my highest education degree will be:

- [ ] High School Graduate  - [ ] Associate Degree  - [ ] Bachelor Degree  - [ ] Other: ___________________________

ATTENDANCE TYPE

- [ ] Full time, at least four 3-credit courses per term  - [ ] Part-time, fewer than four 3-credit courses per term
FINANCIAL AID INFORMATION
Worcester State University awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students, however, miss out because they do not think they are eligible and do not complete the Free Application for Federal Student Aid (FAFSA). To apply for financial aid, students must complete the FAFSA available on the Federal Financial Aid Web site at www.fafsa.ed.gov. Financial Aid can be used to pay for tuition, fees, books, transportation, and other educational expenses.

We strongly encourage you to complete the FAFSA. If you need help with your financial aid application or college financial planning, our Financial Aid Office has counselors who can assist you. Please select the option that best describes your plans to complete a FAFSA. This information will have no impact on your admission to the University.

☐ I plan to apply for federal, state and institutional financial aid, and I am prepared to complete the FAFSA.
☐ I plan to apply for federal, state and institutional financial aid, but I need help from the Financial Aid Office.
☐ I do not plan to apply for federal, state or institutional aid at this time.

DISCLOSURES (Required)

1. Have you ever been placed on probation, suspended, or refused readmission to any other college or university:  ☐ Y ☐ N If yes, please enclose an explanation on a separate sheet.

2. Have you ever been convicted of a felony?  ☐ Y ☐ N If yes, please enclose an explanation on a separate sheet. Your file will be considered incomplete without this information.

3. The institution reserves the right to withdraw without notice any application which is not complete. By signature, I certify that the information I have provided about my academic and personal history and residency is accurate and complete. Failure to disclose any required information may result in denial of admission or retroactive administrative withdrawal without refund or course credits.

I understand that information about the applicant that is submitted will be kept confidential and will only be released to public higher education system personnel or agents authorized to receive this information, or to educational agencies and institutions for research study purposes.

________________________________________  ______________________________
Applicant’s Signature                        Date

NOTICE OF NONDISCRIMINATION: Worcester State University does not discriminate in admission, recruitment, services or employment on the basis of sex, race, color, religion, national origin, ancestry, sexual orientation, age or handicap.

Please submit to:                           In addition to this application form, please submit the following items:
Sara J. Grady, Associate Dean               1) Official high school transcript*
Graduate and Continuing Education          2) Official college transcript(s)*
Worcester State University                 3) Copy of your RN license
486 Chandler Street                         *Transcripts need to come from the
Worcester, MA 01602                         institution directly to WSU
Phone: (508) 929-8127                       www.worcester.edu
Fax: (508) 929-8100