



# WORCESTER STATE UNIVERSITY

## 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:  M  F 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: \_\_\_\_\_  
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**FAMILY INFORMATION**

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

Last Name:

First Name:

Empty text box for family member names.

**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:

Empty text box for high school information.

Country, if other than U.S.:

Attended from: month/year to month/year

Empty text box for country and attendance dates.

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:

Empty text box for college name, degree, and date.

City/Town:

State

Years Attended:

Empty text box for city, state, and years attended.

2. Name of College:

Degree Earned, if applicable:

Date of Degree:

Empty text box for college name, degree, and date.

City/Town:

State

Years Attended:

Empty text box for city, state, and years attended.

3. Name of College:

Degree Earned, if applicable:

Date of Degree:

Empty text box for college name, degree, and date.

City/Town:

State

Years Attended:

Empty text box for city, state, and 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](http://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.

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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:**

**Sara J. Grady, Associate Dean  
Graduate and Continuing Education  
Worcester State University  
486 Chandler Street  
Worcester, MA 01602  
Phone: (508) 929-8127  
Fax: (508) 929-8100  
[www.worcester.edu](http://www.worcester.edu)**

### **In addition to this application form, please submit the following items:**

- 1) Official high school transcript\*
- 2) Official college transcript(s)\*
- 3) Copy of your RN license

*\*Transcripts need to come from the institution directly to WSU*