Sentara College of Health Sciences APPLICATION FOR ADMISSION

APPLICATION PROCEDURE: Please refer to the appropriate Admission Process section at sentara.edu for specific information regarding admissions requirements. Failure to do so may result in application withdrawal and application processing fee forfeiture.

If the program you are applying to requires transcripts, please submit official or unofficial copies with the application. Official copies will be needed prior to program start. MENP applicants will receive instructions about how to submit a 300-word essay and two letters of reference.

To submit your application, please refer to the instructions on sentara.edu/apply.

BACHELOR'S DEG	GREE PROGRAMS	ASSOCIATE DEGREE PROGRAMS	MASTER'S DEGREE PROGRAMS				
Bachelor of Science in	Nursing (BSN)	Surgical Technology (ST)	MSN - Clinical Nurse Leader				
□ RN to BSN		Cardiovascular Technology (CVT) (Select up to <u>two</u> specialties, please indicate your top	MSN - Entry to Nursing Practice				
		selection by placing a "1" in the space provided)	CERTIFICATE PROGRAMS				
Are you a second degree	ree seeking student?	 Adult Echocardiography Cardiac Electrophysiology 	Monitor Surveillance				
 Yes		 Invasive Cardiovascular Technology Non-invasive Vascular Study 	Patient Care Technician				
Р	Please indicate the desire	ed program start date: Month (refer to www.sentara.edu for start dates)	Year				
 □ Yes □ No 							
	IATION						
			All Previous Last Names				
APPLICANT INFORM	Last		All Previous Last Names				
APPLICANT INFORM	Last	First Middle	Zip Code				
APPLICANT INFORM	Last Number and Street City Social Security Nu	First Middle	Zip Code				
APPLICANT INFORM	Last Number and Street City Social Security Nu	First Middle	Zip Code				
APPLICANT INFORM	Last Number and Street City Social Security Nu	First Middle	Zip Code				
APPLICANT INFORIV APPLICANT INFORIV ARRING MS Permanent Address: Permanent Address: Date of Birth: Telephone: Primary Military Service History: If you ar Have you ever been convice	Last Last Number and Street City Social Security Nu None Veteran None Veteran Swer yes to any of the foll Cted of a crime? Yes	First Middle	Zip Code Zip Code ran's Educational Benefits? Yes No submitting the application.				
APPLICANT INFORIV APPLICANT INFORIV ARRING MS Permanent Address: Permanent Address: Date of Birth: Telephone: Primary Military Service History: If you ar Have you ever been convic If yes, please list state If another, please list state	Last Number and Street City Social Security Nu None Veteran C nswer yes to any of the foll cted of a crime? Yes and/or county and/or county	First Middle	Zip Code Zip Code ran's Educational Benefits? Yes No submitting the application.				
APPLICANT INFORIV APPLICANT INFORIV ARRING MS Permanent Address: Permanent Address: Date of Birth: Telephone: Primary Military Service History: If you ar Have you ever been convic If yes, please list state If another, please list state Do you have any criminal converses	Last Number and Street City Social Security Nu None Ueteran C nswer yes to any of the foll cted of a crime? Yes and/or county and/or county charges pending? Yes	First Middle	Zip Code Zip Code aran's Educational Benefits? Yes No submitting the application. , and date(s) , and date(s)				
APPLICANT INFORIV APPLICANT INFORIV ARRING MS Permanent Address: Date of Birth: Telephone: Primary Military Service History: If You ar Have you ever been convid If yes, please list state If another, please list state If another, please list state If yes, please list state If yes, please list state If yes, please list state ARRING MARK AND	Last Number and Street City Social Security Nu None Ueteran C nswer yes to any of the foll cted of a crime? Yes and/or county and/or county charges pending? Yes and/or county	First Middle	Zip Code 				
APPLICANT INFORM	Last Number and Street City Social Security Nu None Veteran C swer yes to any of the foll cted of a crime? Yes and/or county and/or county charges pending? Yes and/or county charges pending? Yes and/or county	First Middle	Zip Code Zip Code aran's Educational Benefits? Yes No submitting the application. , and date(s) , and date(s) , and date(s) , and date(s)				

III.	HIGH SCHOOL EDUCATION									
	To the best of my knowledge, I have graduated from a high school or high school equivalent program (e.g. home school) that was approved by a governing or state authority: Yes No 									
	Name of School: City, State of School:									
	Graduation Month and Year:									
IV.	V. ADDITIONAL QUESTIONS									
	Are you a Sentara Employee? Yes No How did you first learn of Sentara College of Health Sciences?									
v.	COMPUTER SKILLS									
	Yes I certify I have basic computer skills, including the ability to send/receive emails, use a browser to navigate and search the web, the ability to download and upload documents, and use a word processing program.									
VI.	VI. FINAL REVIEW									
	Yes By submitting my application I certify that I have read and understand all admission requirements of the program or course for which I am applying, and understand that if I do not meet the requirements for admission my application may be withdrawn with no refund of the \$85 application processing fee.									
	Yes I also understand that submitting my application does not guarantee admission into any Sentara College of Health Sciences program and there are additional admission requirements that must be completed before an admission decision can be rendered. I understand it is my responsibility to ensure the College receives all required documentatio and to follow the admission requirements to be reviewed for full admission into my chosen program. All applicants will be notified of their admission decision via email. Furthermore, applicants selected for admission will be required to pa an non-refundable processing fee and complete additional admission requirements prior to enrollment at the College.									
VII	VII. READ CAREFULLY BEFORE SIGNING									
	I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous									

education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status, or disability, may be made and used relative to my application status. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school, or the equivalent (as attested above), and completed, in good standing, additional coursework as listed on this application and attachments.

By signing below, I authorize Sentara College of Health Sciences to verify my criminal history and National Sex Offender Registry through Castle Branch, Inc. The College also reserves the right to charge an additional fee if a more extensive background check is required. I also consent to a urine drug screen upon acceptance and at any time during my enrollment at the College. If you have any concerns about your criminal history, please contact Enrollment Services before submitting your application.

Sentara College of Health Sciences does not discriminate against employees, students, or applicants on the basis of race, color, gender, sexual orientation, disability, age, veteran status, national origin, religion, or political affiliation in accordance with the requirements of Title VI of the Civil Rights Act, Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, and all other applicable rules and regulations. Any questions concerning any of these regulations should be directed to the HR Manager at 757-827-2303.

I understand that my \$85 application processing fee is <u>non-ref</u>undable. □ Yes

I also understand that if my application is incomplete, I will have 45 days or until the application deadline, whichever 🗆 Yes comes first, to provide the College with the outstanding paperwork to complete my application or my application will be withdrawn with no refund.

Applicant's Signature

Rev. January 2019

Sentara College of Health Sciences is owned and operated by Sentara Norfolk General Hospital



Applicant Demographic Survey

Directions: Please fill out the below information. All fields are required. The College uses the information for statistical reporting purposes only. Your information will remain confidential and does not influence any admission decision.

Na	me under which	you applied:					
Last 4 of SSN:			DOB:				
		□ Male	□ Female				
		□ Single	□ Married	□ Divorced	□ Widowed		
WI	hat is the <u>highest</u>	level of educati	on you have comple	ted? (Mark only one)			
	High School Diploma or GED						
	Some College						
	Associate Degree						
	Bachelor's Degree						
	Master's Degree						
Ra	ce:						
	American Indian	n/Alaskan Native					
	Asian						
	Black/Non-Hispanic						
	Hispanic/Latino						
	Pacific Islander/Hawaiian						
	White						
	Two or more						

 \Box Other