



Southern Connecticut
State University

**APPLICATION FOR ADMISSION TO
ACCELERATED CAREER ENTRY (ACE)
PROGRAM IN NURSING ***

Date: _____
MONTH/DAY/YEAR

Social Security Number: _____
(NOTE – ONLY REQUIRED IF YOU ARE PLANNING TO APPLY FOR FINANCIAL AID)

Full Name: _____
LAST FIRST MIDDLE

Maiden Name: _____
(IF APPLICABLE)

Legal Address: _____
STREET OR P. O. BOX CITY STATE ZIP CODE

Email Address: _____

Telephone: _____
HOME WORK CELLULAR

Legal Resident of Connecticut? Yes No Foreign Country: _____

Country of Citizenship: _____ Resident Alien: _____
(ATTACH A COPY OF CARD – BOTH SIDES)

Date of Birth: _____ Male Female Single Married
MONTH/DAY/YEAR

Ethnic Background (This information is voluntary and for statistical purposes only)

White/Non-Hispanic African American/Black/Non-Hispanic Hispanic/Latino
Asian American/Pacific Island Native American/Alaskan Native Other

Please list all colleges attended (if you are currently attending SCSU please indicate this in your listing).

NAME OF COLLEGE	DATES OF ATTENDANCE	DEGREE/YEAR GRADUATED (CREDITS EARNED)	MAJOR

**All applicants to the ACE Program must have a BA/BS for eligibility to this program.*

THIS APPLICATION IS DUE IN THE UNDERGRADUATE ADMISSIONS OFFICE BY AUGUST 8, 2008.

