

# ASSOCIATE DEGREE IN NURSING APPLICATION FOR ADMISSION



Please complete the following application to be considered for admission into the Associate Degree in Nursing Program at Sumner College. Completed forms can be submitted via mail or email to:

MAIL:  
Sumner College / Attn: ADN Application  
8338 NE Alderwood Rd. Ste 100  
Portland, OR 97220

EMAIL:  
ADNadmissions@sumnercollege.edu

## Personal Information

Name \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Apartment \_\_\_\_\_

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

\_\_\_\_\_ Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender Male  Female

Have you previously applied and been denied admissions to Sumner College Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously been enrolled at Sumner College Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide dates and the name under which you previously applied \_\_\_\_\_

Are you a U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

*\*NOTE: if you are not a U.S. Citizen please send a copy of your permanent residency status*

Have you ever applied for financial aid Yes \_\_\_\_\_ No \_\_\_\_\_

When do you plan to begin classes (Month and Year) \_\_\_\_\_

The following information is a request on a voluntary basis by the Department of Education.

Failure to respond WILL NOT affect the admissions decision

## Ethnic Origin

\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ White, Non Hispanic  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Black, Non-Hispanic \_\_\_\_\_ Other: \_\_\_\_\_

How did you hear about the Associate Degree in Nursing Program? \_\_\_\_\_

## Referrals

Names of friends / family members who would benefit from a Sumner College educational program

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

# APPLICATION FOR ADMISSION

## Academic Information

Do you have a physical or learning disability Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe and list specific accommodations needed to fully benefit from your educational experience

( Attach a separate sheet if necessary ) \_\_\_\_\_

## High School / GED Information

High School Attended / GED \_\_\_\_\_ Year Graduated \_\_\_\_\_

City, State \_\_\_\_\_

## College / Post Secondary Information

College Attended \_\_\_\_\_ Years Attended \_\_\_\_\_

Major / Program \_\_\_\_\_ Graduate Yes \_\_\_\_\_ No \_\_\_\_\_

## References

Name of a family member who does not live with you

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Disciplinary History

Have you ever been convicted of or pleaded no contest to a misdemeanor, felony or other crime:

(Note: you are not required to include in your answer crimes for which record has been officially sealed, expunged or eradicated by law) Yes \_\_\_\_\_ No \_\_\_\_\_

Since turning 17, have you ever been expelled, suspended, dismissed from, or placed on probation at any educational institution for any disciplinary violation Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered YES to one or both of the questions above, please provide details and dates on a separate sheet of paper.*

**I certify that all the information I have submitted in this application process, including my application and any supporting materials are complete, factually correct, and honestly represented. I understand that I may be subject to disciplinary action, including but not limited to revocation of my admission, or exclusion for providing any false or misleading information.**

Print Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Non Discriminatory Policy

***Sumner College is committed to a policy of nondiscrimination to its students and does not discriminate against any students on the basis of race, color, national origin, age, sex, gender, sexual orientation, disability, veteran status, or any other legally protected status.***

# TRANSFER CREDIT REQUEST FORM



This form is for students wishing to transfer in credits to Sumner College. Submission of this form does not guarantee approval of the transfer.

- All requests must be accompanied by an official transcript
- Transfer credit will not be finalized without a sealed official transcript sent directly from the institution
- Courses considered for transfer must be a "C" or higher

## Personal Information

Name \_\_\_\_\_  
First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Apartment \_\_\_\_\_

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

\_\_\_\_\_ Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## TRANSFER CREDIT REQUESTED

Institution	Course Number	Course Title	Grade	#of Units	Type of Unit
_____	_____	_____	_____	_____	<input type="checkbox"/> qrt <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qrt <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qrt <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qrt <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qrt <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qrt <input type="checkbox"/> sem
_____	_____	_____	_____	_____	<input type="checkbox"/> qrt <input type="checkbox"/> sem

## TRANSFER CREDIT POLICY

Transfer credits are accepted only from accredited, degree granting colleges. The accrediting body must be one recognized by the Council for Higher Education Accreditation (CHEA). Sumner College will also allow transfer credits from a degree granting school which meets Oregon Department of Degree Authorization (ODA) and regional standards of approval and accreditation. Students wishing to transfer credits from another accredited, degree granting institution will be required to provide an official, sealed transcript to Sumner College no later than thirty (30) days from the start of the student's first day of instruction. If the class in question is the same or judged substantially similar in scope to the course offered at Sumner College, transfer credit may be allowed. Grades earned in coursework accepted for transfer credit are not calculated in the cumulative grade point average (GPA) nor used in the calculations toward satisfactory academic progress. Credit by examination is not allowed. Sumner College does not offer advanced placement.

## TRANSFER OF CREDIT FROM OTHER SCHOOLS

The transfer of Sumner College credits to other schools is always at the discretion of the receiving school, and generally dependent on comparability of curricula and may depend on comparability of accreditation. Sumner College cannot guarantee the transferability of credits. Students intending to transfer to another institution should always consult with the school in which they are considering transfer.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# TEAS EXAM REQUEST FORM



This form must be submitted prior to being scheduled to sit for the TEAS exam. Please refer to the ADN application Checklist and the Nursing Program application for more information. The college will contact you if you are selected to continue in the application process. Please complete this form and submit to: **ADNadmissions@sumnercollege.edu**

## Personal Information

Name	_____	_____	_____
	First	Last	Middle Initial
Address	_____		_____
	Street		Apartment
	_____	_____	_____
	City	State	Zip Code
	_____	_____	
	Primary Phone	Work Phone	
Email Address	_____		

## Requirements to sit for the TEAS

The college will call you to contact you upon receipt of the TEAS Exam Request Form.

**Applicants must pay the \$75.00 non-refundable exam fee at least one week prior to the exam date via credit/debit card, or check.**

A TEAS exam Study Manual may be purchased through Sumner College for \$58.00 (\$65.00 if we ship to you). If you are interested in purchasing a TEAS Version VI Study Manual, please fill out the TEAS Study Manual order form. The college strongly recommends applicants purchase the study manual and commit to a minimum of three weeks preparing for the test. In the event the score is a 59% or below, the applicant can retake the test after 30 days. After the second attempt, the applicant must wait 12 months before being allowed to retake the test. A testing fee is charged for each attempt.

## Testing Times

The exam takes approximately 3 to 3 1/2 hours to complete. Proctored TEAS testing is currently offered 4 times a week at the Cascade campus: **Wednesday and Friday mornings, 9:00 AM - 12:30 PM, and Tuesday and Thursday afternoons, 12:30 - 4:00 PM.** The Cascade campus is located at 8338 NE Alderwood Road Suite #100 Portland, Oregon 97220. Please check in at the main desk on the first floor approximately 10 minutes before the start time of the exam. You will create a user name and password for the testing site before the exam begins. A pencil and scratch paper will be provided. You are welcome to bring a beverage into the testing area if it is in a capped container. No food is allowed.

Please indicate below the preferred date you would like to schedule your exam. We will do our best to accommodate your request. Applicants must provide a form of Government ID ( ex: drivers license) prior to taking the exam.

## TEAS Exam Date Preferred

\_\_\_\_ / \_\_\_\_ / \_\_\_\_