



APPLICATION FOR ADULT UNDERGRADUATE PROGRAM

Felician College • Office of Admission • One Felician Way • Rutherford, NJ 07070
Phone: 201.355.1465 • Fax: 201.355.1443 • admissions@felician.edu • felician.edu

APPLICATION INSTRUCTIONS

Please complete the Application for Adult Undergraduate Admission accurately and neatly, and return it, along with your \$40 non-refundable application fee to the address above.

The enclosed chart lists additional items that must be submitted with your application. Your application will not be reviewed until all required items are received.

APPLICATION FEE

Your \$40 application fee is non-refundable. You may pay this fee with a major credit card, or a check or money order made payable to Felician College. If you receive a fee waiver, are a current student at Felician College, or are a graduate of Felician College, you are not required to submit an application fee.

TRANSCRIPTS

Your transcripts must be official copies bearing a registrar's seal. Transcripts must be sent to Felician College directly from institutions previously attended,

or they may be sent by you if mailed in an envelope signed and sealed by the registrar. International students must submit transcripts evaluated by a credential evaluation service such as World Education Services (WES), AACRAO, or any credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES).

RECOMMENDATIONS

If you are required to submit any recommendations with your application, please use the recommendation forms provided, and have the person(s) completing the forms mail them directly to Felician College at the address indicated on the form.

In lieu of the recommendation forms provided in this application, you may submit a signed letter of recommendation on a company letterhead. If you are required to submit more than two recommendations, please copy the enclosed form.

PERSONAL INFORMATION

First Name Middle Name Last Name Maiden or Former Name

GENDER Male Female

Social Security Number Date of Birth (DD/MM/YYYY)

Number and Street Apartment No City State ZIP Country

County Country

Home Phone Business Phone

Cell Phone Fax E-mail

ACADEMIC INFORMATION: In chronological order, please list all schools attended from high school to present.

Name of school	Location	Degree	Major/Minor	Date

INTERNATIONAL STUDENTS

If you are an international student whose native language is not English, you will be required to submit a TOEFL (IBT 79, paperbased 550) or IELTS (6.5) score.

The TOEFL or IELTS requirement will be waived for any student who has studied in an institution whose primary language of instruction is English for at least one year or earned a C or better in an English 101 course from an American university.

In lieu of submitting the TOEFL, students may also opt to successfully complete the English as a Second Language program at Felician College. In this case, students will gain conditional admission into Felician College and be able to matriculate into their degree program only after passing an internally administered proficiency test or obtaining an ELS English for Academic Purposes Level-112 Completion Certificate within the past two years.

If your previous institution was outside of the U.S., you will also be required to have a course-by-course credential evaluation completed by a credential evaluation service such as World Education Services (WES), AACRAO or any credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES). For more information, visit naces.org.

If you require a student visa, please contact the Office of International Programs at +1.201.559.3518 or oip@felician.edu for more information.

INTENDED START DATE AND LOCATION

Intended start date: _____

Intended location (*check one*):

- Felician's Lodi/Rutherford campus
- Online
- Off-campus at the following partner institution:
 - Mercer County Community College
 - Middlesex County College
 - Raritan Valley Community College
 - Sussex County Community College
 - Warren County Community College
 - St. Luke Paterson
 - East Orange General Hospital
 - Monmouth Medical Center
 - Kimball Medical Center
 - Saint Barnabas Medical Center
 - Other

INFORMATION REQUIRED FOR ACTIVE DUTY SERVICE MEMBERS, VETERANS AND THEIR FAMILIES

Do you plan to use military benefits to attend Felician College? (*If you are veteran, active military personnel or dependent of a veteran and plan to use transferable benefits, please mark yes.*)

- Yes
- No

CITIZENSHIP INFORMATION

U.S. Citizen Yes No

U.S. Permanent Resident Yes No

If yes, A# _____

City and Country of Birth _____

If you are not a U.S. citizen or permanent resident please answer the following questions:

Country of Citizenship _____

Do you need an I-20? Yes No

Are you currently in the U.S.? Yes No

If yes, please answer below:

Current Visa Classification _____

Exp. Date _____

Do you have an I-20? Yes No

Exp. Date _____

Current school through which your I-20 was issued:

If applicable, please submit copies of your passport, I-20, DS2019, and all U.S. visas in your passport.

SIGNATURE

I, the applicant, declare that the information provided on this application is true and complete to the best of my knowledge. I understand that failure to answer all required questions and submit required documents may delay the processing of my application.

If I am admitted to Felician College, I agree to comply with all regulations stated in the College catalogue, student handbook and other policy documents provided by the College. I agree to the release of my image for use in college promotional materials. I also, as an applicant, give permission to Felician College to obtain my official transcripts for evaluation. I understand that all materials submitted as part of this application are the property of Felician College and cannot be returned to me.

Signature

Date

Felician College does not discriminate on the basis of race, color, gender, age, religion, national origin, or any physical, mental or educational disability.

MAJOR: Please select the desired program of interest:

SCHOOL OF ARTS & SCIENCES

- Bachelor’s Completion in Criminal Justice
Offered on campus and off campus at select community colleges.
- Bachelor’s Completion in Cybersecurity

SCHOOL OF BUSINESS

- Associate of Arts in Liberal Arts with a business concentration
- Bachelor of Science in Business —
with choice of concentration in:
 - Accounting
 - Business Administration
Offered on campus and off campus at select community colleges.
 - International Business
 - Management
 - Marketing
- Bachelor of Science in Healthcare Administration
- Bachelor’s Completion in Professional Studies

SCHOOL OF NURSING

- RN/BSN – 15-month Fast-Track program
Offered on campus, fully online, or off campus at select community colleges and various hospital locations in New Jersey.
- Accelerated Bachelor’s to BSN
Second degree BSN option for anyone who has a bachelor’s in a non-nursing field.

SCHOOL OF EDUCATION

- Bachelor’s Completion in Education —
Elementary (K-6) and Early Childhood (P-3)
Offered on campus or off campus at select community colleges.
- Teacher Education Certification (TEC)

OPTIONAL INFORMATION

This data is collected for institutional research purposes only.

RACE AND ETHNICITY:

- Hispanic or Latino: Yes No
Describe your ethnic background – *select all that apply:*
- Asian Black or African American
 - American Indian or Alaska Native
- Enrolled
- Tribal Affiliation
- Native Hawaiian or Other Pacific Islander
 - White

RELIGION:

- Catholic Hindu Muslim
- Buddhist Jewish Pentecostal
- Baptist Lutheran Methodist
- Episcopal Presbyterian Unitarian
- Other

HOW DID YOU LEARN ABOUT FELICIAN COLLEGE?

- Mail received from Felician College
- Poster or billboard – *Location:*
- Print advertisement – *Newspaper or magazine*
Name of publication:
- Felician College representative at my school or
workplace – *Location:*
- School counselor, human resources office or parish
Location:
- Friend, family member, teacher, colleague,
Felician student or alumni
- Internet search
- Online ad
- Fair or convention
- Other:

EMPLOYMENT INFORMATION: List your employment history or attach a résumé

Name of employer	Dates of employment	Position

Are you a Registered Nurse? Yes No If yes, you must attach copy of your RN license and answer below

RN License Number	State	Exp. Date
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RN License Number	State	Exp. Date

Are there any Board of Nursing disciplinary actions against your license? Yes No If yes, explain on a separate sheet.

ADDITIONAL ITEMS REQUIRED TO APPLY TO YOUR PROGRAM OF INTEREST

Adult undergraduate admission requirements vary by program. Please see the chart below to identify the requirements for your program of interest. In addition to all requirements indicated in the chart, you must submit a \$40 application fee.

PROGRAM	OFFICIAL TRANSCRIPTS	TEST SCORES	NUMBER OF RECOMMENDATIONS	PERSONAL STATEMENT	OTHER
SCHOOL OF ARTS & SCIENCES					
Bachelor's Completion in Criminal Justice – offered on campus and at select community college locations	High school diploma or GED and/or any undergraduate transcripts	None	None	N/A	N/A
Bachelor's Completion in Cybersecurity	High school diploma or GED and/or any undergraduate transcripts	None	None	N/A	N/A
SCHOOL OF BUSINESS					
Associate of Arts in Liberal Arts with a Concentration in Business	High school diploma or GED and/or any undergraduate transcripts	None	None	N/A	N/A
Bachelor's Completion in Business – offered on campus and at select community college locations	High school diploma or GED and/or any undergraduate transcripts	None	None	N/A	N/A
Bachelor's Completion in Healthcare Administration	High school diploma or GED and/or any undergraduate transcripts	None	None	N/A	N/A
Bachelor's Completion in Professional Studies	High school diploma or GED and/or any undergraduate transcripts	None	None	N/A	N/A
SCHOOL OF EDUCATION					
Bachelor's Completion in Education – offered on campus and at select community college locations	Proof of high school graduation (transcript, diploma or GED) and/or any college transcripts if applicable	None	Two <i>faculty or employer</i>	Yes	N/A
Teacher Education Certification	From all undergraduate and/or graduate institutions	None	Two <i>faculty or employer</i>	Yes	Copy of teaching license if applicable
SCHOOL OF NURSING					
RN to BSN 15-month Fast Track <i>Offered on campus, fully online, and off campus at community college and hospital locations.</i>	From all undergraduate and/or graduate institutions	None	Two <i>faculty or employer</i>	N/A	Copy of NJ RN license
Accelerated Bachelor's to BSN	From all undergraduate and/or graduate institutions	None	Two <i>faculty or employer</i>	Yes	Résumé

PERSONAL STATEMENT

A 350-word personal statement is required for applicants to the Accelerated Bachelor's to BSN program only. Applicants to other majors may choose to submit an optional personal statement (on the subject of their choice) to complement their application materials.

In the space below or on a separate sheet of paper, please respond to the following:

Describe your academic abilities.

A series of horizontal dashed lines provided for writing the personal statement.

RECOMMENDATION FORM

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Please copy this form if you need more than two recommendations.

TO BE COMPLETED BY APPLICANT

 Applicant's Name

 Address

City

State

ZIP

 Country

 Phone

E-mail

 Program for which you are applying

The Educational Amendments Act of 1974 (public law 93-380) allows students the right to inspect recommendations if the applicant does not waive this right and subsequently enrolls at the college. Please check below to indicate if you wish to waive the right to inspect recommendations in your file:

Yes, I waive my right. No, I do not waive my right.

 Signature

Date

TO BE COMPLETED BY RECOMMENDER

 Recommender's Name

Title

 Phone

Relation to the applicant

How long have you known the applicant?

Please check the appropriate box to indicate the candidate's qualities in each category:

Qualities	Below Average	Average	Very Good	Excellent	No Basis For Judgement
Analytical skills					
Verbal skills					
Writing skills					
Leadership ability					
Maturity					
Initiative					
Motivation					
Dependability					

Please complete the reverse side.

RECOMMENDATION FORM *continued*

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Please indicate your recommendation for admission:

	Poor	Fair	Strong	Enthusiastic	No Basis For Judgement
Based on academic ability					
Based on character and maturity					
Based on suitability for field					
Overall					

In the space provided below or on a separate sheet, please provide any additional comments or observations about the applicant.

Signature

Date