



**2022 NURSING PROGRAM APPLICATION**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_@buccaneer.atlantic.edu Phone: \_\_\_\_\_

Gender:\* \_\_\_\_\_ Ethnicity:\* \_\_\_\_\_ *\*For reporting purposes only, optional*

Self-report final letter grades for prerequisite courses (subject to verification):

\_\_\_\_\_ HUMAN A&P I      \_\_\_\_\_ ENGL101      \_\_\_\_\_ PSYC101      \_\_\_\_\_ SOCL101

Overall undergraduate cumulative GPA: \_\_\_\_\_ (2.5 or higher)

Composite score on the TEAS: \_\_\_\_\_ (58.7 or higher, taken after June 1, 2019)

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**LPN APPLICANTS ONLY SECTION**

I am an LPN Applicant: \_\_\_\_\_

Include proof of a current, valid New Jersey LPN license, which must remain active for the duration

of the nursing program. Date of Issue: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

Self-report final letter grade in Human Anatomy & Physiology II: \_\_\_\_\_ (C or better required)

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**INCLUDE THE FOLLOWING DOCUMENTATION:**

- TEAS score report (official or unofficial)
  - Proof of high school completion
  - College transcript
  - Copy of NJ driver’s license or NJ non-driver photo ID as proof of residence
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**APPLICANT ACKNOWLEDGEMENT**

I acknowledge that all the information I have provided is complete and accurate.

I understand that intentionally misreporting information may result in my application being denied or expulsion from the program.

I further understand this application is not considered for review until all requested documents, information, and application fees are received by the Admissions Office.

I have read and understand all instructions provided in the 2022 Nursing Program Application Guide and acknowledge that I am bound by the terms and instructions set within.

I have read and understood that if notified of conditional acceptance into Atlantic Cape’s Nursing program, I am subject to a criminal history background check and additional screenings before receiving permission to enroll in Nursing classes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Atlantic Cape Representative  
*Initials & Campus (AC, CM, ML)*

\_\_\_\_\_  
Receipt #

\_\_\_\_\_  
Date