

101 Vera King Farris Drive | Galloway NJ 08205-9441  
stockton.edu

### Accelerated Nursing Program Application Checklist

Please complete and return to [transfer@stockton.edu](mailto:transfer@stockton.edu).

Applicant Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Z # (if Stockton University graduate) \_\_\_\_\_  
 County/State of residence \_\_\_\_\_  
 Email address (if a Stockton University graduate, please list your Stockton email address) \_\_\_\_\_

Applicants who meet the below admission requirements will be reviewed and considered for the Accelerated Nursing Program. Applicants must submit an official transcript from EACH institution attended and required courses must already be completed PRIOR to being reviewed.

Additional details: <https://stockton.edu/health-sciences/nursing-accelerated.html>.

- Pre-requisite science course grades: If course was taken at a college/university other than Stockton, a **B or better** is required for transfer. If the course was taken at Stockton University, a grade of **C or better** is required.
- Pre-requisite science courses embedded in other courses will not be accepted for transfer credit. Science courses taken should be individually focused on each of the pre-requisite sciences and include an associated lab specific to the course.
- Pre-requisite sciences courses should be less than 5 years old.
- Pre-requisite science courses > 5 years old will require the applicant to take the NLN PAX examination as a part of the Admissions process.

Applicant: Please check off boxes below.	All below areas must be <b>COMPLETED</b> and checked for the file to move forward in the admissions review process.	Committee: Verified – Please Initial and Date.
	Official transcript from Earned Baccalaureate Degree - Date of Degree: _____ Degree must be awarded before review. Degree name (ex: <b>BSHS, Bio, etc.</b> ): _____ University degree was earned: _____ GPA _____	
	Official transcript with completion of English I and II Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Introduction to Psychology Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Life Span Developmental Psychology Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Statistics Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Nutrition Name of institution: _____ Year Taken: _____ Grade: _____	

	Official transcript with Chemistry I Inorganic Chemistry w/lab Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Chemistry II Organic Chemistry w/lab Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Microbiology w/lab Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Anatomy and Physiology I w/lab Name of institution: _____ Year Taken: _____ Grade: _____	
	Official transcript with completion of Anatomy and Physiology II w/lab Name of institution: _____ Year taken: _____ Grade: _____	
	Official transcript with completion of Ethics (waived for Stockton graduates with a Health Science Degree) Name of institution: _____ Year Taken: _____ Grade: _____	
	NLN PAX exam (for applicants with science courses taken more than 5 years ago. Date taken: _____ Score: _____	

	Please check off completed areas below. Application may still be reviewed if not checked.	
	Pathophysiology (not required but recommended. If not taken at Stockton contact Accelerated Program Coordinator for approval of course) - Name of institution: _____ Year Taken: _____ Grade: _____	
	GPA of 3.5 is preferred for admission (all transcripts will be evaluated on an individual basis)	
	A grade of B or higher in all required science courses if taken outside of Stockton University (a grade of C or higher in all required science courses if taken at Stockton)	
	Research - Name of institution: _____ Name of Course: _____ Credits: _____ Year Taken: _____	

If you do not meet these requirements and wish to change your major, please send your request to [admissions@stockton.edu](mailto:admissions@stockton.edu).

Thank you for your interest in Stockton's Accelerated Nursing Program!

<p><b><u>For ABSN Committee ONLY:</u></b></p> <p>Decision:</p> <p>Comments:</p>
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