Dear Applicant:

Thank you for your interest in Helene Fuld College of Nursing.

The following items are enclosed:

- Application Instructions and program information
- An Application Checklist
- An Application for Admission

Please note that a completed application is required. **All required documents should be submitted together in one envelope.**

To be considered for the upper division baccalaureate program, you must have a minimum grade point average (GPA) of 2.5 from the institution which prepared you to take the registered nurse licensing exam.

If you have any additional questions regarding any aspect of the program at Helene Fuld College of Nursing, please visit our website at: [www.helenefuld.edu](http://www.helenefuld.edu) or call the Office of Student Services at (212) 616-7290 or (212) 616-7268.

We look forward to hearing from you.

Sincerely,

Sandra Senior
Director of Student Services
A complete self-administered application package is required for admission. File your application according to the process described below. Please call the Office of Student Services at 212-616-7268 or 212-616-7271 if you have questions regarding the admissions process.

A completed application is required from you in one envelope at one time. Please include the following:

1. A small recent (2” X 2” passport style) photo

2. The required non-refundable application fee of $50 (money order or certified check only).

3. A completed APPLICATION CHECKLIST.

4. A completed APPLICATION FOR ADMISSION.

5. A copy of your RN license and a copy of your current RN registration.

6. A copy of your American Heart Association CPR (BLS) card (front and back).

7. Proof of citizenship or legal residence. Submit two copies of one of the following documents as proof of citizenship or legal residence:
   - U.S. Birth Certificate
   - U.S. Passport
   - Alien Registration Card (front and back)
   - Naturalization Certificate

8. H.S. and/or GED Transcripts in SEALED ENVELOPES. Request official transcripts from your high school. If you did not graduate from high school, enclose a photocopy of your U.S. high school equivalency scores with your application. Students educated in foreign countries must submit their high school transcripts or equivalencies to a credentialing center such as World Education Services (www.wes.org) or Globe Language Services (www.globelanguage.com) for evaluation.

9. College and/or CLEP Transcripts in SEALED ENVELOPES. Request official transcripts from each college. If college credit was earned in a foreign country or if you have foreign educational professional credentials, you must have your transcript(s) evaluated by a credentialing center such as World Education Services (www.wes.org) or Globe Language Services (www.globelanguage.com) for evaluation.

SEND APPLICATION VIA U.S. MAIL, FEDEX OR UPS TO:

Attn: Admissions
Helene Fuld College of Nursing
Office of Student Services, Room 320
24 East 120th Street
New York, New York 10035

NOTE: If the school(s) from which you request transcripts will not send official transcripts to you, request that the school(s) send them directly to the College at the above address. Make sure that your name on their transcripts matches the name you are using on your application.
## Helene Fuld College of Nursing  
Upper Division Bachelor of Science Degree Program

### Sem. I  Fall 1

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANT 205</td>
<td>Anthropology of Health and Healing *</td>
<td>3</td>
</tr>
<tr>
<td>SCI 305</td>
<td>Selected Topics in Physical Science/</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Biochemistry</td>
<td></td>
</tr>
<tr>
<td>NUR 315</td>
<td>Nursing Theory *</td>
<td>3</td>
</tr>
<tr>
<td>NUR 325</td>
<td>Information Technology Applied to</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Nursing *</td>
<td></td>
</tr>
</tbody>
</table>

### Sem. II  Winter 1

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS 306</td>
<td>Social Science Statistics</td>
<td>4</td>
</tr>
<tr>
<td>PHIL 316</td>
<td>Introduction to Philosophy *</td>
<td>3</td>
</tr>
<tr>
<td>SCI 326</td>
<td>Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td>NUR 336</td>
<td>Nursing Research and Evidence</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Based Practice *</td>
<td></td>
</tr>
</tbody>
</table>

### Sem. III  Spring 1

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPAN 207</td>
<td>Conversational Spanish *</td>
<td>3</td>
</tr>
<tr>
<td>HIST 218</td>
<td>Major Topics in American History</td>
<td>3</td>
</tr>
<tr>
<td>NUR 337</td>
<td>Transcultural Nursing and Nurse as Educator*</td>
<td>4</td>
</tr>
<tr>
<td>NUR 347</td>
<td>Holistic Assessment</td>
<td>3</td>
</tr>
</tbody>
</table>

### Sem. IV  Fall 2

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIST 217</td>
<td>20th Century World History</td>
<td>3</td>
</tr>
<tr>
<td>PHIL 318</td>
<td>Spirituality, Religion, and Ethics *</td>
<td>3</td>
</tr>
<tr>
<td>NUR 418</td>
<td>Environmental Issues in Urban</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Community Health Nursing *</td>
<td></td>
</tr>
</tbody>
</table>

### Sem. V  Winter 2

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS 419</td>
<td>Health Policy *</td>
<td>3</td>
</tr>
<tr>
<td>NUR 429</td>
<td>Leadership and Accountability *</td>
<td>5</td>
</tr>
<tr>
<td>NUR 439</td>
<td>Capstone Project (Independent Study)</td>
<td>4</td>
</tr>
</tbody>
</table>

* Online/Hybrid Course

Credit Distribution: Up to 30 semester credits in nursing (lower division) and 44 semester credits in liberal arts and science (including 16 upper division semester credits with a minimum grade of a C+) may be transferred. A minimum of 47 semester credits must be completed at Helene Fuld College of Nursing, including all 31 upper division semester credits in nursing.
TUITION AND FEES AS OF SEPTEMBER 2015

<table>
<thead>
<tr>
<th>Semester Payment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-Time</strong> (12.31 credits or more)</td>
<td>$7080</td>
</tr>
<tr>
<td>General Fee (Laboratory and Learning Center Fees)</td>
<td>$150</td>
</tr>
</tbody>
</table>

**Part-Time**
Students enrolled on a part-time basis (11 credits or less) will be charged $575 per semester-credit, and a general fee of $80.00 per semester.

A tuition deposit of $100.00 is required at the time of acceptance to assure the applicant a place in the College. It is not refundable.

**OTHER FEES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td>$50</td>
</tr>
<tr>
<td>Graduation Fee</td>
<td>$350</td>
</tr>
<tr>
<td>Student Activity Fee</td>
<td>$30 per semester</td>
</tr>
</tbody>
</table>

**PAYMENT OF TUITION AND FEES**

Money orders, certified checks, and Visa or MasterCard will be accepted. Personal checks or cash will not be accepted. Make money orders or certified checks payable to: Helene Fuld College of Nursing and mail to BURSAR. Visa or MasterCard payments must be made in person.

Semester payments are due on or before the first day of each quarter.

Students who have not paid tuition and fees by the end of the first week of the semester will not be allowed to continue in the course(s). Students who submit official notice of grants, awards and loans will be credited.
APPLICATION CHECKLIST for BACHELOR OF SCIENCE PROGRAM

Please submit the following items **IN ONE ENVELOPE IN THE FOLLOWING ORDER:**

- ONE (1) small recent (2" X 2" passport style) photo
- Fee of $50 (money order or certified check only)
- This APPLICATION CHECKLIST
- A completed Application Form (incomplete applications will be returned)
- A copy of your current RN license
- A copy of your current RN registration
- A copy of the **front and back** of your CPR (BLS) card (ONLY American Heart Association accepted)
- Proof of citizenship or legal residence two (2) copies of one of the following: U.S. birth certificate, passport, alien registration card, or naturalization certificate
- An **OFFICIAL** copy of all high school and/or GED transcripts **in sealed envelopes**
  - Name of high school: ______________________________
  - GED: _________________________________________
- An **OFFICIAL** copy of all college and/or CLEP transcripts **in sealed envelopes**
  - Name of college/university: ______________________
  - Name of college/university: ______________________
  - Name of college/university: ______________________
APPLICATION FOR ADMISSION
ASSOCIATE IN APPLIED SCIENCE DEGREE PROGRAM
(LPN to RN Program)

- ONE small recent (2” X 2” passport style) photo
- Fee of $110.00 (money order or certified check only)
- A completed Application Form (incomplete applications will be returned)
- A copy of your LPN license
- A copy of your current LPN registration
- A copy of the front and back of your CPR (BLS) card. Only American Heart Association accepted
- Proof of citizenship or legal residence (two copies of one of the following: U.S. birth certificate, passport, alien registration card, or naturalization certificate)
- An OFFICIAL copy of all high school and/or GED transcripts in sealed envelopes
- An OFFICIAL copy of your LPN school transcript in sealed envelopes
- An OFFICIAL copy of all college and/or CLEP transcripts in sealed envelopes

BACHELOR OF SCIENCE DEGREE PROGRAM
(RN to BS Program)

- ONE small recent (2” X 2” passport style) photo
- Fee of $50 (money order or certified check only)
- A completed Application Form (incomplete applications will be returned)
- A copy of your RN license
- A copy of your current RN registration
- A copy of the front and back of your CPR (BLS) card.
- ONLY American Heart Association accepted
- Proof of citizenship or legal residence (two copies of one of the following: U.S. birth certificate, passport, alien registration card, or naturalization certificate)
- An OFFICIAL copy of all high school and/or GED transcripts in sealed envelopes
- An OFFICIAL copy of all college and/or CLEP transcripts in sealed envelope
APPLICATION FOR ADMISSION

(Please type or print neatly)

Last Name ___________ First Name ___________ Middle Initial ___________

Other or former names ________________________________ Social Security Number __________________

Current address: ___________________________ Number and Street ___________ Apt. Number ___________

City ___________________________ State ___________ Zip code ___________

Home Phone: ___________________________ Work Phone: ___________________________

Cell Phone: ___________________________ E-mail Address: ___________________________

Gender: □ Male □ Female Date of Birth: _______/_____/______

Month Day Year(yyyy)

Race/Ethnicity: ___________________________ American Indian or Alaska Native

Black or African American □ Native Hawaiian or Pacific Islander □ Asian 

Hispanic or Latin □ White

U.S. Citizen: □ Yes □ No If not a U.S. Citizen, Country of Citizenship: ___________________________

Country of Birth: ___________________________

Permanent Resident/Alien Registration Number: ___________________________

Other Type Visa and Number: ___________________________

PART II - EDUCATIONAL HISTORY

1. Program Applying to: □ Associate in Applied Science (LPN to RN Program) OR □ Bachelor of Science (RN to BS Program)

2. Intended Load: □ Full-time □ Part-time □ Non-matriculated

3. List All High Schools Attended

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City</th>
<th>State</th>
<th>Dates of Attendance</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
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</table>

4. GED: □ Yes □ No If yes, date received: ___________________________

5. Practical Nursing School (if attended)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City</th>
<th>State</th>
<th>Date of Attendance</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

If applying for associate degree program: Has your PN school recommended you for articulation? □ Yes □ No
6. PN Licensure in State of: __________________ Date Issued: ________________ License Number: ____________________________

If not yet licensed, examination is scheduled: State: ____________ Date: ________________

7. List all colleges/professional schools previously attended (if any)

<table>
<thead>
<tr>
<th>Name of College</th>
<th>City</th>
<th>State</th>
<th>Major</th>
<th>Dates of Attendance</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Each institution must forward an official transcript directly to Helene Fuld College of Nursing, Office of Student Services.

Total number of college credits completed: ____________________________________

Do you have a degree? ☐ Yes ☐ No If yes, what type of degree?

8. RN Licensure in State of: ________________ Date Issued: ________________ License Number: ____________________________

9. Have you ever been suspended, expelled, or required to withdraw for disciplinary reasons from any high school or post-secondary institution? ☐ Yes ☐ No If yes, attach a detailed explanation.

10. Have you ever been charged with, convicted of, or pled guilty or no contest to a felony charge?

☐ Yes ☐ No If yes, attach a detailed explanation.

11. Have you ever had your LPN or RN license suspended or revoked? ☐ Yes ☐ No If yes, attach a detailed explanation.

12. Have you previously applied to Helene Fuld? ☐ Yes ☐ No If yes, when? _________________________

13. Have you previously attended Helene Fuld? ☐ Yes ☐ No If yes, when? _________________________

PART III - ADDITIONAL INFORMATION

1. List in chronological order your work during the last 10 years

<table>
<thead>
<tr>
<th>Employer</th>
<th>City/State</th>
<th>Position Title</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
2. Please select ALL of the ways that you have heard about Helene Fuld College of Nursing:

- Hospital/Healthcare facility where you are employed (please specify)
- LPN school, ADN school, or college that you attended (please specify)
- Job/Career Fair (please specify location)
- Television/Cable network (please specify station)
- Nursing publication (please specify publication)
- Radio (please specify station)
- Current student or a graduate of Helene Fuld (name)
- Open house at Helene Fuld
- Helene Fuld website
- Other (please specify)

PART IV - READ CAREFULLY AND SIGN

I certify that the information I have provided is complete and true to the best of my knowledge. I understand that any deliberate falsification or omission of information may result in denial of admission or dismissal at any time after admission. The College reserves the right to deny admission and matriculation to any applicant who, in the judgment of the College, is not qualified. Students who accept enrollment at the College agree to abide by all the rules and regulations now or hereafter promulgated by the College. Any student failing to comply with such rules and regulations may be dismissed.

*Applicant's signature: ___________________________ Date: ___________________________

IMPORTANT PRIVACY NOTE: By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by Helene Fuld College of Nursing. I further authorize the admission officers reviewing my application, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. I waive my right to access below.

☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

☐ No, I do not waive my right to access, and I understand I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to Helene Fuld College of Nursing, if the documents are saved after I matriculate.

*Required Signature: ___________________________ Date: ___________________________
Helene Fuld College of Nursing Mission Statement:

Helene Fuld College of Nursing is an independent single-purpose institution. Its mission is to provide the opportunity, through a career-ladder approach, for men and women to enhance their education and improve their nursing practice. The College endeavors to produce high-quality and technically adaptable nurses who are able to function effectively in a changing society.

The College aims to teach its students the value of intellectual skills and to help them develop the capability of making choices based on knowledge and unbiased evaluations; to advance the student’s knowledge of the profession and their proficiency in technical skills; to encourage personal growth, resourcefulness, a heightened sense of responsibility and a concern for people; to educate the students to recognize and appreciate diverse cultural value systems; to familiarize the students with resources for learning so that they can adapt to the increasing complexity of professional responsibilities; and to promote learning as a life-long commitment.

The College strives to provide leadership in non-traditional nursing education by educating licensed practical nurses to advance to the associate degree registered nurse level, and to educate associate degree registered nurses to advance to the baccalaureate degree level, and achieve a broader scope of practice with an emphasis on Environmental Urban Health Nursing (EUHN). The College also strives to offer opportunities to men and women of diverse racial, ethnic, and socio-economic backgrounds and to those who might otherwise have been excluded from career advancement; to prepare graduates who benefit from their increased level of expertise; and to provide the base for further professional education.

Helene Fuld College of Nursing continually seeks to provide its students with the broadest possible spectrum of learning opportunities by using the vast resources of New York City. The College is dedicated to serving its students, the profession of nursing, and the Harlem community of which it is an integral part.

FOR MORE INFORMATION:
www.helenefuld.edu
Phone: (212) 616-7290
Fax: (212) 616-7297