



COPPIN STATE UNIVERSITY
College of Health Professions
Helene Fuld School of Nursing

Baccalaureate Nursing Education Information Packet



From the College of Health Professions
Office of Student Affairs and Retention (STAR)

Dear Prospective Student:

Thank you for your interest in baccalaureate nursing education in the Coppin State University (CSU), College of Health Professions (CHP), Helene Fuld School of Nursing. Enclosed is information concerning the application process and special instructions. Please adhere to these instructions to help ensure an expeditious review and admission both to CSU, the CHP and the HFSON.

INSTRUCTIONS

1. Complete the enclosed Coppin State University Undergraduate Admission Application Form. Please note that applicants must request that official transcripts be sent from all schools you have previously attended. **One copy should be sent to the Office of Admissions and one copy to the CHP Office of Student Affairs and Retention (STAR).**
2. The SAT is waived for applicants who have had a five-year break in their education. However, university placement examinations will have to be taken for those students and Transfer Students also unless otherwise exempt. (Refer to the placement and retention excerpts from the current Coppin State University Catalog online at www.coppin.edu)
3. Mail the completed Coppin State University Undergraduate Admission Application, have official copies of transcripts from all schools previously attended sent to:

COPPIN STATE UNIVERSITY
OFFICE OF ADMISSIONS
2500 WEST NORTH AVENUE
BALTIMORE, MD 21216-3698
(410) 951-3600

When the University receives and reviews applicants' information, applicants will be notified regarding their admission status at Coppin. Applicants must be accepted to Coppin State University and fulfill any requirements set forth by the Office of Admissions before their application will be considered by the College of Health Professions and the Helene Fuld School of Nursing.

4. When nearing completion of all pre-requisite coursework, either at CSU or by transfer, applicants should mail or present a completed Helene Fuld School of Nursing Application Form, have three (3) Nursing Recommendations forms sent, and also have official copies of academic transcripts from all schools previously attended sent as soon as possible to:

COPPIN STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
STUDENT AFFAIRS AND RETENTION (STAR)
2500 WEST NORTH AVENUE
BALTIMORE, MD 21216-3698

5. Applicants who have been accepted to the University, met all the requirements thereof, and have a cumulative Grade Point Average (GPA) of at least 2.5 for the Traditional BSN and 2.8 for the Accelerated Second Degree BSN and RN to BSN programs as stipulated by Coppin State University Office of Admissions, must also arrange to take the Entrance Examination. Please contact the STAR Office for further instructions on taking the entrance examination.

6. Please note that an applicant may not officially declare Nursing as a major nor until accepted by the School of Nursing. Acceptance to Coppin State University does not mean automatic acceptance into the Nursing Program. Students must meet the requirements of and be accepted by the School of Nursing to declare Nursing as a major.

7. Information on financial assistance is available through the Financial Aid Office. If you are considering requesting financial aid, you should schedule an appointment with a Financial Aid Counselor in the Financial Aid Office by calling (410) 951-3636. In this way, applicants are able to obtain the required forms and to explore the various financial aid options available. DO NOT WAIT! Applicants will want applications processed well before any deadlines arrive! Also, keep in mind that once a student is accepted into the Nursing Program, other financial aid options may become available.

8. Due to the overwhelming number of applications received each year, following up on your application is in your best interest. Do not be afraid to call to speak to the STAR office, by calling, email or walk in. We are here to serve you!

The Office of Admissions and the School of Nursing applaud your academic pursuit. We hope you will let us know of any feedback related to completing forms or meeting application requirements. If you have any questions or concerns about completing the enclosed forms or the admissions process, we can be reached in the [CHP Office of Student Affairs and Retention \(STAR\)](#) at (410) 951-3970 or by email at healthprofessions@coppin.edu.



COPPIN STATE UNIVERSITY
UNDERGRADUATE

ADMISSIONS APPLICATION

ACADEMIC PLANS AT COPPIN

Please refer to the current Coppin catalog for academic divisions, majors, minors, etc. This information is sought from the applicant for Institutional purposes only, and does NOT represent a formal declaration of a major or minor.

1. Are you seeking a degree at Coppin? Yes No. If yes, check **ONLY ONE** degree program below:

<p>COLLEGE of ARTS, SCIENCE, & EDUCATION</p> <p><input type="checkbox"/> Biology <input type="checkbox"/> English <input type="checkbox"/> Chemistry <input type="checkbox"/> History <input type="checkbox"/> Computer Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Dance <input type="checkbox"/> Urban Arts Production <input type="checkbox"/> Early Childhood Education</p> <p>COLLEGE of BUSINESS</p> <p><input type="checkbox"/> Accounting <input type="checkbox"/> Management Info Systems <input type="checkbox"/> Entertainment Management <input type="checkbox"/> Marketing <input type="checkbox"/> Management <input type="checkbox"/> Sport Management*</p>	<p>COLLEGE of BEHAVIORAL and SOCIAL SCIENCES</p> <p><input type="checkbox"/> Applied Psychology <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Social Sciences <input type="checkbox"/> Interdisciplinary Studies <input type="checkbox"/> Social Work <input type="checkbox"/> Non Profit Leadership <input type="checkbox"/> Sociology <input type="checkbox"/> Political Science <input type="checkbox"/> Urban Studies</p> <p>COLLEGE of HEALTH PROFESSIONS</p> <p><input type="checkbox"/> Health Information Management (HIM)* <input type="checkbox"/> Health Sciences <input type="checkbox"/> Nursing</p> <p><input type="checkbox"/> Undecided <input type="checkbox"/> Other: _____</p>
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ACADEMIC HISTORY: HIGH SCHOOL and COLLEGE

Name of High School from which you graduated (attend) _____ City/State _____ Date of Graduation/ Anticipated Graduation (M/Y) _____

If not a high school graduate, check here for G.E.D. GED test date (if not a high School Graduate) Month: _____/Year _____
Applicants under 21 years of age must submit official SAT/ACT scores in addition to your high school transcript/GED scores.

Name of College/Univ. attended _____ State _____ Dates Attended _____ Name of College/Univ. attended _____ State _____ Dates Attended _____

Name of College/ Univ. attended _____ State _____ Dates Attended _____ Name of College/Univ. attended _____ State _____ Dates Attended _____

CANDIDATE'S AGREEMENT • (Read carefully, then sign)

- In making this application, I accept and agree to abide by the policies and regulations of Coppin State University concerning drug and alcohol abuse and understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.
- If admitted to Coppin State University, I hereby agree to abide by all regulations and requirements of the University now in effect, or those which may be adopted during my residence as a student.
- I also certify that I have supplied complete academic history data, including all previously attended colleges and universities, whether part-time or full-time.
- I understand that failure to give complete and accurate information on this application will result in the immediate cancellation of my application for admission; or, if admitted, dismissal from the University.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

(Required if applicant is under 18 years of age)

FOR OFFICE USE ONLY

Cum. GPA	SAT	ACT	Cum TRN Cred.	_____ A _____ C _____ P _____ D _____ WL/SASA _____ FM _____ ND _____ VP	
				_____ Merit _____ Honors PS Hold: _____ FHT _____ FCT Residency Complete <input type="checkbox"/> Y <input type="checkbox"/> N	
<i>*If student has chosen non-degree option, has student signed non-degree contract? <input type="checkbox"/> Y <input type="checkbox"/> N</i>					
ADM Rep: _____ Date: _____					

CSU Fee Waiver CB/SAT Fee Waiver Fee Paid Event: NAF - HSV Date: 1/5//16 CSU Rep: JSH

Notes: _____



**COPPIN STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
HELENE FULD SCHOOL OF NURSING**

**BACCALAUREATE NURSING ADMISSIONS APPLICATION
&
RECOMMENDATION FORMS**

Early Decision Nursing Application Deadline: **December 1st**

Final Nursing Application Deadline: **February 1st**

Please note:

Final Nursing Application Deadline for the **RN to BSN program: July 15th**



COPPIN STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
HELENE FULD SCHOOL OF NURSING



COPPIN
STATE UNIVERSITY

EST. 1900

Baccalaureate Nursing Admissions 2500 West North Avenue, Baltimore, Maryland 21216-3698
(410)951-3970

APPLICATION FOR ADMISSION TO BACCALAUREATE NURSING STUDIES

(Please type or print legibly in ink)

** Applicant should arrange to have official academic transcripts submitted to Admissions and Nursing from each institution attended. **

PERSONAL INFORMATION

Last Name _____

First Name _____

Middle Name _____

Any other name used on transcripts and/or other documents? _____

Address _____

City _____ State _____ Zip Code _____

Email: _____

U.S. Social Security No. _____ - _____ - _____
(Optional)

Sex: Female ___ Male ___ D.O.B ___/___/___

Telephone Numbers:

Home: (_____) _____ - _____

Work: (_____) _____ - _____

Cell: (_____) _____ - _____

ENROLLMENT INFORMATION

Please note: CSUHFSON only accepts new students in the fall semester and all prerequisites should be completed by the end of the fall semester the year before you wish to begin the program to increase your chances of admission.

Term for which you are applying: Fall Semester 20____

Indicate BSN program to which you are applying:

Traditional BSN _____

Accelerated Second Degree BSN _____

RN (Associate's Degree or Diploma in Nursing) to BSN _____

Are you a: Transfer Student _____ 2nd Bachelor's Student _____ Student within Coppin _____

Do you plan to live on campus? Yes _____ No _____

LICENSE/CERTIFICATION INFORMATION (All Applicants)

Please check to indicate current qualifications:

_____ CMA – Certified Medical Assistant _____ GNA – Geriatric Nursing Assistant
_____ CNA – Certified Nursing Assistant _____ LPN – Licensed Practical Nurse
_____ EMT – Emergency Medical Technician _____ RN – Registered Nurse

RN's ONLY

RN Licensure Data:

State Licensed in? _____ License Number? _____

Expiration Date? _____

How did you receive your designation as an RN?

_____ Associate Arts Degree _____ Diploma

PRACTICE SETTINGS (RN's Only)

_____ Clinics _____ Physician's Office
_____ Hospitals _____ Schools
_____ Military _____ Other

EDUCATION: Please list all College and Universities Attended

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

How Did You Hear About Us? (Please indicate where you saw the ad that sparked your interest in us.)

- | | |
|-------------------------------------|--------------------------------------|
| 1. Magazine Ad? Which one(s)? _____ | 4. Newspaper Ad? Which one(s)? _____ |
| 2. T.V. Ad? Which Station? _____ | 5. CSU Website? _____ |
| 3. Radio Ad? Which Station? _____ | 6. Word of Mouth/Other? _____ |

Please sign this application.

I hereby certify that I have personally filled out this form and that the information is complete and accurate. I understand that this application, as well as all credentials submitted in support of this application, become the property of the Coppin State University, College of Health Professions, and Helene Fuld School of Nursing and are not returnable or transferable under any circumstances.

Date _____ Signature _____



College of Health Professions – Baccalaureate Nursing Education

Recommendation Form

Three recommendations are required. Traditional BSN, Accelerated Second Degree BSN and RN to BSN applicants may submit academic and also professional recommendations.

Instructions to applicant: Please complete the information below and then give a form to each individual who will complete the recommendation on your behalf. Provide your recommenders with postage and envelopes addressed to: Coppin State University, College of Health Professions, Office of Student Affairs and Retention (STAR), 2500 W. North Avenue, Baltimore, MD 21216.

Last Name _____ First Name _____ MI _____
Street Address _____ City _____ State _____
Country _____ Zip or Postal Code _____

Semester to begin attendance _____ Plan of Study applying for admission _____

Public Law 93-380, Education Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placement files. I wish to have access: Yes _____ No _____

Signature _____ Date _____

Coppin State University Student I.D. # _____

Instructions to recommender: We appreciate your assessment of the applicant's scholarship, character, and professional promise. Please emphasize characteristics and accomplishments that suggest the applicant will be successful in the nursing program. Your statements may be continued on the reverse side, or you may use your own letterhead stationery. Please complete the chart below.

How long and in what capacity have you known the applicant? _____

Statement:

	Unable to Assess	Poor	Below Average	Average	Above Average	Outstanding
Analytical ability						
Verbal expression skills						
Written expression skills						
Breadth of knowledge						
Leadership						
Academic Promise						
Overall potential						

Print Name and Title _____ Institutional Affiliation _____

Address _____

Signature _____

Date _____ E-mail _____



COPPIN STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
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Last Name First Name MI Street Address City State Country Zip or Postal Code

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How long and in what capacity have you known the applicant?

Statement:

Table with 7 columns: Analytical ability, Verbal expression skills, Written expression skills, Breadth of knowledge, Leadership, Academic Promise, Overall potential. Rating categories: Unable to Assess, Poor, Below Average, Average, Above Average, Outstanding.

Print Name and Title Institutional Affiliation

Address

Signature

Date E-mail



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Print Name and Title Institutional Affiliation

Address

Signature

Date E-mail



COPPIN STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
HELENE FULD SCHOOL OF NURSING



COPPIN STATE UNIVERSITY

**TUITION, FEES
&
SCHOLARSHIP INFORMATION**

For the most current information please visit:

<http://www.coppin.edu/> > All Things Financial > Cost of Attendance



THANK YOU

Office of Student Affairs and Retention (STAR) (410) 951-3970

Health and Human Services Building (HHSB) Suite 133
Office Hours: Monday - Friday, 9:00 a.m. - 5:00 p.m.
Email: healthprofessions@coppin.edu

“Nurturing Potential, Transforming Lives”

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2500 W. North Avenue
Baltimore, Maryland 21216-3698
www.coppin.edu/chp