



**APPLICATION FOR UNDERGRADUATE ADMISSION**

*Online Nursing and Health Professions Programs*

**Drexel eLearning**

Before filling out this application form, please read the accompanying instructions.

- Please return this application form, accompanied by all required documents.

**Application materials sent by United States Postal Service (USPS) send to:**  
**Drexel eLearning**  
**P.O. Box 34729**  
**Philadelphia, PA 19101**

**Application materials sent by an express carrier (FedEx, UPS, DHL, etc.) send to:**  
**Drexel eLearning**  
**Attn: Applicant Services**  
**3001 Market St., Suite 18**  
**Philadelphia, PA 19104**

- It is your responsibility to ensure that all required credentials are received by Drexel eLearning before the deadline for the term for which you are applying. Applications completed after the deadline may not be considered for the requested term.
- The questions pertaining to gender and ethnic origin are optional and will be used for statistical purposes only.

Social Security Number    (If you do not reside in the US and/or do not have a SSN, leave this field blank - otherwise this field is required.)

Applicant's Full Name \_\_\_\_\_  
*Last (Family)* *First (Given)* *Middle* *Suffix*

Other name(s) under which transcripts may be issued \_\_\_\_\_

Gender:  Male  Female

Date of Birth \_\_\_\_\_  
*(mm/dd/yyyy)*

Permanent Mailing Address \_\_\_\_\_  
*Street Line 1* *City*  
 \_\_\_\_\_ *State/Province*  
*Street Line 2* *Zip/Postal Code*  
 \_\_\_\_\_ *Country*  
*Street Line 3*

Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If no, are you a permanent resident in the United States?  Yes  No

Visa Type: If you are not a permanent resident in the United States, indicate the type of visa you are requesting (e.g. B-2, F-1, J-1, etc.) \_\_\_\_\_

*Please Note: If you entered a visa type above please submit a copy of the visa document.*

Country of Citizenship \_\_\_\_\_

Country of Birth \_\_\_\_\_

Is English your first language?\*  Yes  No

*\*Anyone who has been born outside of the fifty states of the US is required to take the Test of English as a Foreign Language (TOEFL) and have an official score report sent directly from Educational Testing Service (ETS) to Drexel University before their file is evaluated. TOEFL scores must be less than two years old to be considered.*

TOEFL Date \_\_\_\_\_ TOEFL Score \_\_\_\_\_  
*(mm/yyyy)*

Have you ever been the subject of a disciplinary action or investigation including, but not limited to: suspension, dismissal, expulsion, or denial of readmission at any high school, post-high school educational institution, college or university? Or, do you have any of these disciplinary or judicial actions pending or unresolved against you at any high school, post-high school educational institution, college or university? \_\_\_\_\_

Have you ever been convicted\* of a crime (including, without limitation, any crime involving violence, alcohol, or drugs), felony, or misdemeanor or do you currently have any criminal charges pending or unresolved against you in any court? \*Note: Conviction includes judgment, found guilty by a judge or jury, pleaded guilty or nolo contendere, received probation without verdict, disposition in lieu of trial, or ARD. \_\_\_\_\_

If you answered yes to either question, you must submit an explanation on a separate sheet of paper, describing the disciplinary action or criminal charges filed against you.

Has any disciplinary action or any other type of restriction, limitation, rider, action or covenant ever been taken against your RN license? \_\_\_\_\_  
 If yes, please describe (in the space below)

How did you hear about Drexel University Online? \_\_\_\_\_  
 If a current Drexel online student referred you, please enter his/her full legal name: \_\_\_\_\_

Affiliation Acknowledgement:  Yes  No --- I'm not affiliated  
 Affiliation Code\*: \_\_\_\_\_

*\*Drexel University collaborates with a number of different corporations, professional associations, and health systems to offer employees and members the chance to earn their degree online at special discounted tuition rates.*

**RACE & ETHNICITY** (The questions pertaining to ethnic origin and race are optional and will be used for statistical purposes only.)

**Step 1: Please select one or more of the following ethnic groups:**

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish-culture or origin, regardless of race  
 Not Hispanic or Latino

**Step 2: Please select one or more of the following races:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Asian (If applicable, please make further selections below) | <input type="checkbox"/> Hispanic (If applicable, please make further selections below) |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Chinese   | <input type="checkbox"/> Cuban American   |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Mexican American   |
| <input type="checkbox"/> White                                     | <input type="checkbox"/> Indian  | <input type="checkbox"/> Puerto Rican Amer - Commwlth                                   |
|  | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Puerto Rican Amer - Mainland                                   |
|  | <input type="checkbox"/> Korean  |   |
|  | <input type="checkbox"/> Pakistani   |   |
|  | <input type="checkbox"/> Vietnamese  |   |

**PROGRAM INFORMATION**

Online degree program you wish to apply for: \_\_\_\_\_

I am applying for classes that begin in: \_\_\_\_\_ (mm/yyyy) How many college credits have you earned to date? \_\_\_\_\_

Have you previously applied to Drexel University?\*  Yes  No

*\*If you applied within the past year, please contact Drexel eLearning to determine whether you must complete a new application.*

If "yes," program applied to: \_\_\_\_\_ Date applied: \_\_\_\_\_ (mm/yyyy)

Level  Undergraduate  Graduate  
 Were you accepted?  Yes  No

**EMPLOYMENT INFORMATION**

If you are currently employed by a healthcare system, please indicate name of system: \_\_\_\_\_

Chronologically list all work experience. Include full-time (F), part-time (P), summer work, or other experience.

	Position and/or type of work performed	Dates	Full/Part Time
First Work Experience			
Second Work Experience			
Third Work Experience			
Fourth Work Experience			
Fifth Work Experience			
Sixth Work Experience			

List extracurricular activities, volunteer work, and/ or hobbies you participated in as a student or otherwise: include offices held, honors/ distinctions received.

**EDUCATIONAL INFORMATION**

List below, in chronological order, the name of every preparatory school, college, university, or other post-high school program in which you have been enrolled. All such institutions must be reported. Do not include high schools. Please request the schools attended to furnish **official** transcripts to the following address. Transcript request forms can be found under the Supplemental Forms Tab.

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#	College Code	Institution Name	**Self-reported Institution	Institution Address	Dates Attended		Degree Granted	Major	Degree Granted Date (mm/yyyy)
					Start Date (mm/yyyy)	End Date (mm/yyyy)			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

\*\* If you could not find your school and had to enter it manually in the search tool it will appear above. Otherwise please disregard this field.

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**LEGAL INFORMATION**

By providing the information in this application, I hereby authorize Drexel and/or its authorized representatives to contact me, including by email and phone, to further assist with the application process and to provide more information regarding Drexel University's programs. My consent is effective for 18 months from the submission of this form.

NJ residents: By providing my primary phone number I am indicating the telephone number to which Drexel and/or its authorized representatives, may contact me by phone.

Drexel University abides by the provisions of Public Law 93-380: Family Educational Rights and Privacy Act, which grants the student the right to examine any admissions file which becomes a part of the student's permanent "Educational Record." It is important to understand that "Applicants for Admission" are not granted rights under this legislation. However, once an "Applicant for Admission" becomes a "Student" by enrolling and attending Drexel, any admissions file which becomes a part of the student's permanent "Educational Record" becomes available to the student for review.

Applicants should understand that only the transcripts, CEEB, SAT, and Achievement Test Score Reports and those portions of the application generated by the student will become part of the student's permanent "Educational Record" upon enrollment. No other information or material gathered or submitted in the admissions process will be retained as part of the student's permanent "Educational Record." Therefore, statements or evaluations provided by any individual as part of this application do not become part of the student's permanent "Educational Record" and will not be available for the student's review.

By checking this box, I hereby certify that I have read and understand the above statement. I further certify that the information given by me on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action. I authorize the University to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided.

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*Signature of Applicant*

*Date*

**Access Privileges and Property Rights**

All documents that you submit, or are submitted on your behalf, in support of this application for admission to Drexel University become the property of the University, and will under no circumstances be released to you or any other party. In accordance with the provisions of the Family Educational Rights and Privacy Act, all admissions decisions are given to the applicant only, in the form of a decision letter from the Office of Admissions. No decisions on applications are revealed over the telephone.

**Equal Opportunity Policy**

It is the policy of Drexel University to provide a working and learning environment in which employees and students are about to realize their full potential as productive members of the Drexel community. To this end, Drexel University affirms its commitment to equal opportunity and nondiscrimination in employment and education for all qualified individuals regardless of race, religion, color, national origin, sex, age, sexual preference, disability, or applicable veteran status. Further, Drexel University pledges to act affirmatively in providing access to employment, benefits, facilities, and other University-administered programs to women and members of racial and ethnic minorities in recognition of the many benefits that accrue to the University as a result of their diverse experiences, cultural heritage, and perspectives that enrich the University learning experience. All Drexel University employees, administrators, faculty, and staff, as well as students, are expected to cooperate fully in meeting these legal and ethical obligations. Inquiries regarding this policy may be directed to the Office of Affirmative Action and Employment Planning, Drexel University, 3141 Chestnut Street, Philadelphia, PA 19104.

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