



# BLOOMFIELD COLLEGE

## Application for Admission: Accelerated Programs

To be considered for admission to the Accelerated Programs at Bloomfield College, you must be at least 23 years old (not required for teacher education applicants). All applicants must submit the following to the Office of Admission:

- A completed Accelerated Program Application
- Application fee of \$40 (make checks payable to Bloomfield College)

■ **RN TO BSN APPLICANTS ALSO SUBMIT:**

- Official transcripts from each college, university or diploma school previously attended
- Copy of your current malpractice/liability insurance coverage (coverage of \$1,000,000-\$3,000,000 is the minimum required for admission to the Nursing Program)
- Copy of current New Jersey nursing license
- Copy of CPR Certification

■ **CERTIFICATE PROGRAM APPLICANTS ALSO SUBMIT:**

- Official high school transcript or GED
- Official transcripts of previous college work, if any

■ **POST BACCALAUREATE TEACHER EDUCATION APPLICANTS ALSO SUBMIT:**

- Official transcripts from each college or university previously attended
- An essay explaining why you wish to become a teacher
- Copy of New Jersey Instructional Certificate if applicable

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*(or any other name under which transcript might appear)* *(for identification purposes only)*

Street Address: \_\_\_\_\_  
*number street apt. number*

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_  
*month / day / year*

Employer: \_\_\_\_\_

Does your employer offer a Tuition Reimbursement Program?  Yes  No

### EDUCATIONAL INFORMATION

List all academic institutions you have attended, including high school *(most recent first)*

NAME OF SCHOOL	CITY	STATE	DATES OF ATTENDANCE	DEGREE EARNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you obtained a high school equivalency diploma, when did you receive it? \_\_\_\_\_  
*(Please enclose a copy of your Equivalency Diploma Certificate with this application.)*

- RN TO BSN Degree Program
- POST-BACCALAUREATE TEACHER Certificate. List undergraduate major: \_\_\_\_\_
- Certificate in GERONTOLOGY     Certificate in NETWORK ENGINEERING     Certificate in SUPPLY CHAIN MANAGEMENT

**POST-BACCALAUREATE TEACHER CERTIFICATION APPLICANTS SELECT SPECIALIZATION:**

- Elementary Education Certificate (K-5)
- Elementary Education with Subject Matter Specialization (note: Applicants must have 15 credits in the chosen specialization)
  - English     History     Math     Science
- Secondary Education with Subject Matter Specialization (note: Applicants must have 30 credits in the chosen specialization)
  - Art     Biology     Chemistry     English     History     Math     Physical Science
- Special Education Certificate (with existing NJ Instructional Certificate)
- Early Childhood Certificate     P-3 with existing NJ Instructional Certificate     P-3 Initial Certificate

ADDITIONAL INFORMATION

- Entry term:  Fall     Spring     Summer    Year: 20 \_\_\_\_
- Where did you hear about Bloomfield College?     Admission Counselor     Bloomfield Website     Direct Mail / Postcard     Email
- Facebook     Friends / Family     NJ Transit     Text Message     Other \_\_\_\_\_

**FOR APPLICANTS WHO ARE VETERANS:** Bloomfield College is partnered with the Yellow Ribbon GI Education Program.

- Are you a veteran or currently serving in the armed forces?     Yes     No    (If yes, please submit a certified copy of your DD214 form)
- In which branch did you/will you serve? \_\_\_\_\_

DEMOGRAPHIC INFORMATION (OPTIONAL)

*(This information is optional and used only for statistical purposes as required by the U.S. Department of Education.)*

**ETHNICITY**

- Are you Hispanic? Latino?     Hispanic Origin     Not of Hispanic Origin     Decline to Identify  
 (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin?)

**RACE**

Please select one or more from the following five racial groups that best represent your race/ethnicity.

- Alaskan/Native American Indian     Asian     Black/African American     Native Hawaiian/Pacific Islander     White     Decline to Identify

**CITIZENSHIP**

- Are you a United States citizen?     Yes     No    If no, what is your citizenship? \_\_\_\_\_
- Currently on a Student Visa from \_\_\_\_\_     Other     Permanent Resident     Applying for Student Visa through BC

\* Copies of the relevant documentation must be submitted with your application.

*If there is any additional information that you feel would assist the College in evaluating your application for admission, please use a separate sheet and include with your application.*

**I attest that all of the information on this application is complete and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 provides that colleges may not release information about students nor let anyone else look at their records (with certain exceptions) without the student's consent. While this law applies only to enrolled students, Bloomfield College's policy is to protect the privacy of applicants. Bloomfield College admits qualified students of any race, color, sex, national and ethnic origin to all the rights, privileges and activities generally accorded or made available to students at the College. It does not discriminate on the basis of sex, race, color, disability, sexual orientation, national or ethnic origin in the administration of its educational policies, scholarship and loan programs, and athletic and other College-administered programs.

For Official Use Only

ID#: \_\_\_\_\_

Please submit this completed application and your \$40 application fee to:

Office of Admission  
 Bloomfield College  
 1 Park Place, Bloomfield, New Jersey, 07003  
 Fax: 973.748.0916

Phone: 973.748.9000 ext. 230  
 Toll Free: 1.800.848.4555 ext. 230  
 Email: admission@bloomfield.edu  
 www.bloomfield.edu