

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

Accelerated Nursing Program Application Checklist

Please complete and return to erin.peterson@stockton.edu.

Applicant Name: _____

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.

All below areas must be COMPLETED and checked for the file to move forward in the admissions review process.	
Official transcript from Earned Baccalaureate Degree - Date of Degree: _____ Degree must be awarded before review. Degree name (ex: BSHS, Bio, etc.): _____ University degree was earned: _____	
GPA of 3.5 is preferred for admission (all transcripts will be evaluated on an individual basis) _____	
Official transcript with completion of English I and II Name of institution: _____ Year Taken: _____ Grade: _____ 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: _____ Name of Course: _____ Stockton BSHS degree: _____

	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: _____
	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.

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