



**MARGARET H. ROLLINS SCHOOL OF NURSING AT BEEBE HEALTHCARE**  
424 Savannah Road, Lewes, Delaware 19958  
(302) 645-3251

**APPLICATION FOR ADMISSION INSTRUCTIONS**

I. Complete (print or type) and return the following:

- A. **Application for Admission**; and B. **Student Nurse Core Requirements Form** with the \$30.00 application fee to the Margaret H. Rollins School of Nursing.

Send to: Margaret H. Rollins School of Nursing  
424 Savannah Road  
Lewes, DE 19958

II. Official Transcripts:

- A. Have an official transcript sent from your high school with the graduation date included or GED test results (if applicable).
- B. Have official transcripts sent from each school you have attended since graduating from high school.

III. Standardized testing (SAT) required unless you have:

- College GPA 2.0 or greater with a minimum of 15 college credits earned

IV. Processing your Application:

Your application will be processed when School of Nursing has received the following:

- A. Completed Application
- B. Signed Student Nurse Core Requirements Form
- C. Application Fee
- D. Official Transcripts

Your records will then be reviewed by the Admissions Committee. The Admissions Committee reviews applications every month. The application for those meeting criteria are accepted in the order in which the completed application is received. You will be notified in writing of the Committee's decision.

**PLEASE READ THESE INSTRUCTIONS CAREFULLY!**

**FAILURE TO FOLLOW THESE INSTRUCTIONS WILL CAUSE A DELAY IN YOUR APPLICATION.**

**APPLICATION FOR ADMISSION**

1. Date: \_\_\_\_\_ 2. Social Security No.: \_\_\_\_\_
3. Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Telephone: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_  
Cell (    ) \_\_\_\_\_

7. Where do you plan to take the prerequisite college courses? \_\_\_\_\_
8. When do you plan to complete the college prerequisite courses? \_\_\_\_\_
9. Are you a U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No If not, do you have a Green Card? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Student on Visas are not eligible to attend.)
10. Have you ever been convicted of a crime?  
\_\_\_\_\_ No \_\_\_\_\_ Yes (indicate crime and date) \_\_\_\_\_

The Nurse Practice Act, Title 24 Chapter 19 of Delaware Code (Section 1910) specifies that applicants for licensure to practice Nursing may be denied a license or the privilege of taking the licensure examination if they have been convicted of a crime. Personal concerns regarding this position should be directed to the Delaware Board of Nursing at (302) 744-4500 prior to completing this application.

11. Person to be notified in case of an emergency:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_
12. How did you hear about of the School of Nursing at Beebe Healthcare:  
 Internet  Employer  Ad  Friend  Alumni  High School Visitor  Other (Please specify) \_\_\_\_\_

13. Secondary Education:  
List all high schools or other secondary schools attended.

DATES FROM/TO	NAME OF SCHOOL	CITY AND STATE	Diploma or GED

14. Post-secondary Education: List all formal education beyond high school.

DATES FROM/TO	NAME OF INSTITUTION	CITY AND STATE	CREDENTIALS EARNED MAJOR (DIPLOMA, CERTIFICATE, DEGREE, No. of CREDITS)



