

# Undergraduate Application

**Admissions Office** 101 South 42 Street Omaha, NE 68131-2739  
PH 402 552 3100 TF 800 647 5500 admissions@clarksoncollege.edu



Prepare to be the **best**.

## Admission Requirements & Deadlines

The following requirements will also be taken into consideration when evaluating your application:

- › Cumulative GPA
- › Math and science GPA
- › ACT or SAT scores (May be considered within two years of high school graduation)
- › Class rank
- › High school or college coursework

Students who have completed the GED are reviewed with a score of 500 or above on each of the five GED tests. Students that have been home schooled are required to submit GED scores. Additional requirements may be required based on program. Applicants must be in good standing from previous institution(s) attended.

Clarkson College is selective and meeting all criteria for admission does not guarantee admission.

### College Codes

Clarkson College ACT college code: 2436  
Clarkson College SAT college code: 2250  
Clarkson College FAFSA school code: 009862

### Application Deadlines

All application materials must be postmarked no later than the application deadlines listed within the "Apply Now" section at ClarksonCollege.edu. Applications may be held over to be reviewed at a later deadline at the discretion of the College. Wait lists for programs will be formed as necessary.

### Scholarship Deadline

Students must be accepted on or prior to the following dates in order to be considered for scholarships:

- › Fall semester: March 1
- › Summer semester: Feb. 1
- › Spring semester: Oct. 1

## Application Materials

The following application materials are necessary to complete your application for admission:

- › **Application:** Complete the undergraduate application for admission. Mail your application to Clarkson College Admissions office.
- › **Application Fee:** The \$35 application fee is nonrefundable. Mail a check or money order with your application to the Admissions office payable to Clarkson College.
- › **High School & College Transcripts:** Request official academic transcripts from your high school and all post-secondary institutions previously attended. Transcripts must be sent directly from each institution to Clarkson College. Post-secondary institutions include college and universities, professional, technical and business schools regardless of whether or not credit was earned.
- › **Essay:** Submit a typed, two to three page motivational essay. Address the following points in your essay: statement of your motivation for helping others, why you will be successful as a health care provider, why you wish to attend Clarkson College, and describe what professionalism means to you and why it is important to your role as a health care professional.
- › **ACT or SAT Scores:** Required if you graduated high school within the last two years.

KEEP THIS PAGE FOR YOUR RECORDS.

# Undergraduate Application



Prepare to be the **best.**

Expected Enrollment Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year Year Year

Have you previously applied for admission to Clarkson College?  No  Yes \_\_\_\_\_  
Dates & Program

Have you previously attended Clarkson College?  No  Yes \_\_\_\_\_  
Dates & Program

## Personal Data

Full Name \_\_\_\_\_  
Last First Middle Maiden

Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_  
Home Cell Work

I will reside in a(n)  On-campus apartment  Off-campus residence/apartment  Parent's or relative's home

I would like mail sent to  My address below  My parental address

Address \_\_\_\_\_  
Street City State Zip

## Parental Address & Emergency Contact

Select one of the following options. All students are required to provide an emergency contact. A parental address is required for students under 21 and will be used as your emergency contact.  Parental address (if under 21)  Emergency contact

Name(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Citizenship  U.S. citizen  U.S. permanent resident  Dual U.S. citizen \_\_\_\_\_  
Country of Citizenship

Other citizenship \_\_\_\_\_  
Country/Countries

Visa Type (if applicable) \_\_\_\_\_ Provide a copy of your Permanent Resident Card or Visa

How long have you been in the U.S.? \_\_\_\_\_ First language if other than English \_\_\_\_\_

## Optional Demographic Information

The following information is confidential. It is not used in admissions decisions, and it will only be released in group statistics for federal, state and institutional reports.

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  Female  Male Religious Preference \_\_\_\_\_  
MM DD YY

Are you of Hispanic/Latino ethnicity or descent?  No  Yes

Select one or more races with which you identify yourself  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Non-resident alien  Two or more races  Unknown

Marital Status  Divorced  Married  Separated  Single  Widowed Number of Dependents \_\_\_\_\_

Will you be receiving Veteran's benefits?  No  Yes

## Area of Academic Interest

### Associate of Science Degree

- Health Information Technology    Physical Therapist Assistant    Radiologic Technology

### Bachelor of Science Degree

- Health Care Business with major in Health Information Administration    Physical Therapist Assistant  
 Health Care Business with major in Management    Bachelor of Science in Nursing (BSN)  
 Health Care Services    Grace BSN option  
 Medical Imaging    LPN to BSN (Must be a LPN. Credentials section of application must be completed)  
 RN to BSN (Must be a LPN. Credentials section of application must be completed)

### Dual Degree

- Radiologic Technology & Medical Imaging    Physical Therapist Assistant & Health Care Business

### Post-Baccalaureate Certificate

- Health Information Administration

## Academic Background

### High School Graduate or High School Senior

Please request that your high school mail one copy of your official transcript directly to the Clarkson College Admissions office. If you are currently in high school, have the final transcript sent to our Admissions office upon graduation.

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High School Name

City

State

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Guidance Counselor Name

Graduation Date

### High School Completed by GED

Please request that an official copy of your scores be sent directly to the Clarkson College Admissions office.

### Post-Secondary Education

In chronological order, list all colleges, universities, professional, technical and business schools that you have attended. Report **all** schools regardless of whether credit was earned. Attach a supplemental list if necessary. Request that each institution mail official transcripts directly to the Clarkson College Admissions office.

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Institution Name	City	State	Dates Attended	Hours of Credit	Type of School	Degree/Certificate
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Institution Name	City	State	Dates Attended	Hours of Credit	Type of School	Degree/Certificate
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Institution Name	City	State	Dates Attended	Hours of Credit	Type of School	Degree/Certificate
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Institution Name	City	State	Dates Attended	Hours of Credit	Type of School	Degree/Certificate
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Institution Name	City	State	Dates Attended	Hours of Credit	Type of School	Degree/Certificate
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Have you ever been suspended, placed on probation or dismissed from any school, college or university for academic or disciplinary reasons?    No    Yes \_\_\_\_\_

If yes, please explain

## Employment

List your three most recent places of employment.

Employer Name	Location	Position	Dates of Employment
Employer Name	Location	Position	Dates of Employment
Employer Name	Location	Position	Dates of Employment

## Criminal Background Check & Drug Screening

### Drug & Alcohol Screening

Drug and alcohol screenings may be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes, college activities or campus housing. Testing positive on a drug screening will result in consequences that will vary, depending on the level of severity and the need for additional treatment. At the very least, the student will be unable to attend a clinical or field site until cleared to do so. Other potential consequences may include suspension or expulsion.

### Criminal Background Check

Prior conviction of a felony of certain misdemeanors, other than minor traffic offenses, may make a student ineligible to participate in various clinical experiences and possibly make it impossible for a student to complete the scheduled program of study. Additionally, prior conviction of a felony or misdemeanor may make the individual ineligible for the professional licensure, professional certification or professional registration, dependent upon the specific regulations of individual health professions and state of practice.

**Have you ever been convicted of a misdemeanor or felony?**  No  Yes *If yes, provide a detailed explanation (all offenses, dates, location of courts and outcomes) on a separate sheet of paper.*

Convictions or charges resulting in any of the following must be reported: plea of guilty, plea of nolo contendere (no contest), withheld or deferred adjudication, suspended or stay of sentence, and/or military or court martial. Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use.

### Student Statement & Signature

I hereby certify that the statements on this application are correct to the best of my knowledge. I understand that falsification or omission of information may result in disqualification or dismissal of this application for admission to Clarkson College.

Applicant Signature	Applicant Printed Name	Date
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## Partnership Information

Indicate if you are an  employee  spouse or  dependent child (age 23 or younger) of our partners. The Partnership Verification form must be completed to determine eligibility to receive the Partnership Tuition Rate. The Partnership Verification form will be sent to the student upon review and acceptance to the College, and the form is required to be returned with the Admissions Confirmation form. Clarkson College is selective and meeting all criteria for admission does not guarantee admission or participation in this program.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bellevue Medical Center | <input type="checkbox"/> Community Hospital Association | <input type="checkbox"/> Nebraska Orthopaedic Hospital |
| <input type="checkbox"/> Clarkson College        | <input type="checkbox"/> Nebraska Medicine              | <input type="checkbox"/> Shenandoah Hospital           |
| <input type="checkbox"/> UNMC Physicians Clinics |   |  |

## Additional Information

How did you hear about Clarkson College?

- Direct Mail \_\_\_\_\_  
Piece Received
- Magazine \_\_\_\_\_  
Magazine(s)
- Newspaper \_\_\_\_\_  
Newspaper(s)
- Conference/Visit \_\_\_\_\_  
Conference/Visit Date
- Other \_\_\_\_\_
- Radio \_\_\_\_\_  
Station(s)
- Television \_\_\_\_\_  
Station(s)
- Website \_\_\_\_\_  
Site(s)
- Advisor \_\_\_\_\_  
Voucher Code

If you were referred to Clarkson College, please provide the individual's name and relationship so he/she may be recognized.

- Current Clarkson College student \_\_\_\_\_  
Name Relationship to you
- Clarkson College alumnus \_\_\_\_\_  
Name Relationship to you
- Other \_\_\_\_\_  
Other Name Relationship to you

## Application Certification

I hereby certify that the statements on this application are correct to the best of my knowledge, and I understand that falsification or omission of information may result in disqualification or dismissal of this application for admission to Clarkson College. I authorize official representatives of Clarkson College to verify information provided in this application. Application materials submitted as part of the application process become the property of Clarkson College. Materials will not be returned, and copies will not be provided. Keep a copy of this application for your records. I agree to abide by the policies and regulations of Clarkson College.

Note: Drug and alcohol screenings may be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes, college activities or campus housing. Testing positive on a drug screening will result in consequences that will vary, depending on the level of severity and the need for additional treatment. At the very least, the student will be unable to attend a clinical or field site until cleared to do so. Other potential consequences may include suspension or expulsion.

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Applicant Signature \_\_\_\_\_ Applicant Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Notice of Non-Discrimination: Clarkson College complies with all applicable federal, state and local laws relating to discrimination and does not discriminate on the basis of race, color, religion, ancestry, sexual orientation, physical or mental disability, age, national origin, ethnicity, sex, veteran's status or marital status in the administration of its educational programs and policies, financial aid, activities or other school administered programs. Questions regarding Title IX may be referred to the Title IX Coordinator or to the Office of Civil Rights (OCR). The Director of Student Support Services serves as the Title IX Coordinator and is located in the Success Center. The Title IX Coordinator can be contacted at 402.552.2693, 1.800.647.5500, or at [titleixcoordinator@clarksoncollege.edu](mailto:titleixcoordinator@clarksoncollege.edu). The OCR can be contacted by visiting <http://www2.ed.gov/about/offices/list/ocr/index.html> or by calling 1.800.421.3481. Questions regarding other types of discrimination should be directed to the Director of Human Resources, Deb Tomek, at [tomekdeb@clarksoncollege.edu](mailto:tomekdeb@clarksoncollege.edu). Questions regarding accommodations for student disabilities should be directed to the Accommodations Coordinator at [accommodations@clarksoncollege.edu](mailto:accommodations@clarksoncollege.edu).