

Undergraduate Traditional/Online RN-BS Application Step-By-Step Guide

INFORMATION TECHNOLOGY/NURSING DEPARTMENT

UNDERGRADUATE TRADITIONAL/ONLINE RN-BS APPLICATION STEP-BY-STEP GUIDE

PURPOSE

The purpose of this document is to provide a step-by-step guide on how to submit a new application electronically for the Undergraduate Traditional or Online RN-BS Program using Lehman 360.

AUDIENCE

Lehman students who meet the requirements to apply for the Undergraduate Traditional or Online RN-BS Program.

USER EXPERIENCE

This process allows for initiation of an application to be submitted to the Undergraduate Traditional or Online RN-BS Program, as well as to see the status of a previously submitted application.

NEED HELP?

If you need login or other technical assistance with the form, please contact the IT Help Desk:

By email at <u>help.desk@lehman.cuny.edu</u>

If you need assistance with the application process or requirements, please contact the Nursing Department:

By email at <u>nursing.department@lehman.cuny.edu</u>

ACCESSING LEHMAN 360

From a Browser:

- 1) Go to the Lehman 360 website at https://lehman360.lehman.edu/
- 2) On the login page, enter your Lehman Account username and password.



Note: You can also access Lehman 360 from the Lehman Mobile app.

SUBMITTING A NEW APPLICATION:

1) Once logged into Lehman 360, click on the **Nursing Department** section in the left navigation menu. Then, click on **RN Traditional/Online Form**.



2) Next, you will see a message explaining the process and requirements of the application. Click **Continue** to proceed to the form.

Undergraduate Traditional/Online RN-BS Application					
The Undergraduate RN-BS Application to apply for the Traditional on-campus classes (now remote) or the Online program is now available. This application is in addition to the application to Lehman College. Students must be accepted to Lehman College before submitting this application to the Department of Nursing. To submit an application to the Lehman College Department of Nursing Traditional or Online RN-BS Program, applicants must have the following for eligibility:					
 An Associate Degree in Nursing from a registered and accredited nursing program or a Diploma in Nursing with a GPA of 2.5 or greater;* 					
 An unencumbered nursing license as a registered professional nurse currently registered in New York State; 					
 Official transcript (s) from all schools attended with evidence of a college level Chemistry course, including both a lecture and a lab totaling at least 4 credits, or chemistry taken in a state approved nursing program (or its foreign equivalent), or successful completion of the following courses at Lehman College: 					
CHE 114: Essentials of General Chemistry: 3 Credits					
 MATH 126 (Quantitative Reasoning) or higher (or the equivalent) for Online RN- BS 					
 Foundation Course HIN 268: Human Growth and Development: 3 Credits (or equivalent course which covers growth and development through the life span.) 					
Associate of Applied Science (A.A.S) Degree holders applying to the Online RN-BS program must also have:					
Math 126 (Quantitative Reasoning) or higher (or the equivalent)					
Note:					
 *Foreign student transcripts will be evaluated individually. The Department of Nursing will not accept CR/NC grades for prerequisite courses. 					

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3) Proceed to fill out all the required fields on the form after carefully reading all instructions shown.

Unde	ergraduate Tra	ditional/Onli	ne RN-BS Applicatio	on
_	0			
Application Term:				
Application Type:	O Traditional	Online		
REGISTERED NU	IRSE LICENSE IN	IFORMATION: *	:	
License Expiration	mm/dd/vvvv			-
Upload Registered	Nurse License	Choose File No	o file chosen	
STUDENT PROFI	LE:			
Term Admitted to I	ehman College:			
Name:	eninan conege.		_	
Gender:	D	ate of Birth:		
Tel (Cell):		Tel (Home):		
Lehman Email:				
Personal Email:				
Mailing Address:				
EDUCATION: (Pleas	se List ALL Educational In	stitutions You Attended	l After High School)	Degree Ferred
College/University	Earned Credits	Major	mm/dd/yyyy	
			mm/dd/vvvv	
			mm/dd/www	
	1			
			mm/dd/yyyy	
			mm/dd/yyyy	

School Address:	
	-
O Diploma O Associate Degree Date of Graduation mm/dd/yyyy	
Have you completed an equivalent Human Growth and Development Course?	
⊖Yes ⊖No	
REGISTERED NURSE PROFILE:	
Are you currently employed as a Nurse? \bigcirc Yes \bigcirc No	
Employer's Name	
Current Job Title	
Department	
Number of vears employed	
Number of years employed	
Position Status O Full-time O Part-time	
Position Status O Full-time O Part-time	
Position Status O Full-time O Part-time Please describe your responsibilities as a nurse:	
Position Status O Full-time O Part-time Please describe your responsibilities as a nurse:	
Position Status O Full-time O Part-time Please describe your responsibilities as a nurse: Please type your response	
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Position Status O Full-time O Part-time Please describe your responsibilities as a nurse: Please type your response Certification	
Position Status O Full-time O Part-time Please describe your responsibilities as a nurse: Please type your response Certification Strengths (Areas you consider yourself an expert): Please type your response	

4) After completing all required fields in the form, proceed to enter your full name as a **Signature**, include a **Date** and **Submit** your application.

Profess	sional Organizations (List memberships):		
Areas (of Interest in Nursing		
•			
•			
Techno Con	logy/Digital Experience nputer Skills (e.g. Microsoft Word, Ex	cel, etc.) O	Yes O No
• Diac • Pati	ent Electronic Medical Records	∕es ⊖No	
 Digi 	tal Clinical Experience O Yes O	No	
• Oth	er (_{Explain}):		
Please	type your response		
Do y Stud	you have access to the Internet OY	′es ○No	
I here conta docur Progr comp my ac nursir I risk	by certify that I read and understand ined in this document. I understand the ment requirements and deadlines to be am at Lehman College. I certify that the lete. I understand that if I misreprese dmission to the nursing program. Furthe and program and it is later determined removal from the nursing program.	the Instructio hat I am resp be considered the informatio ant or withhold ther, I underst that I misrepr	ons and application process onsible for meeting all eligibility and d for admission to the RN-BS on I have supplied is accurate and d any information, I may jeopardize tand that if I am admitted to the resented or withheld any information,
	Student Signature *		Date
			01/06/2021
	Type Your Full Name	SUBMIT	

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