



**Application for Admission
BSN/MSN Gateway Program for Registered Nurses
800 Lancaster Avenue
Villanova, PA 19085-1690**

PERSONAL INFORMATION:

Name _____ Sex Male Female
Last Maiden First Middle

Present Address _____
No. Street City State Zip Code Telephone

Permanent Address _____
No. Street City State Zip Code Telephone

E-mail Address _____

Place of Birth _____ Date of Birth _____

Social Security Number _____ Citizen of U.S. Yes No If not, what country? _____
If not, what type of visa? _____

Name of person to be notified in case of emergency _____
Last First Relationship

Address _____
No. Street City State Zip Code Telephone

PERSONAL OBJECTIVE:

Degree(s) you wish to pursue (check one): BSN only BSN/MSN Anticipated student status: Part-Time Full-Time
Term you wish to enter: Fall Spring Summer Year _____

ETHNIC GROUP:

Villanova University must provide information on ethnic diversity to various agencies including the Office for Civil Rights, U.S. Department of Education. This data is used for reporting purposes only. Responding to this inquiry is entirely voluntary. Failure to respond will have no adverse effect on the evaluation of your qualifications for admission (to be completed by U.S. citizens only). Ethnic origin should be determined as follows (check one):

- African-American (not of Hispanic origin)
- American Indian or Alaskan native
- Asian or Pacific Islander
- Hispanic
- White, not of Hispanic origin

EDUCATION BACKGROUND:

List all post-secondary schools/programs attended, including diploma school of nursing and any certificate or practitioner program, if applicable:

School/Program Name	Location	Dates Attended	Major	Degree & Date

REGISTERED NURSE LICENSURE:(attach a copy)

State(s) and Year(s) _____ Country and Year _____

Current Registration: Yes No Number _____

Also send a copy of your criminal background check(including urine screen).

PROFESSIONAL NURSING EXPERIENCE:

For each position, record the nursing responsibilities. List all positions for the last 10 years *in reverse order*. Attach a separate page if necessary.

1. Title of Current Position _____
Name of Organization _____
Location _____
Business Phone Number _____
Name of Immediate Supervisor _____
Dates Employed _____
Responsibilities _____

2. Title of Position _____
Name of Organization _____
Location _____
Name of Immediate Supervisor _____
Dates Employed _____
Responsibilities _____

3. Title of Position _____
Name of Organization _____
Location _____
Name of Immediate Supervisor _____
Dates Employed _____
Responsibilities _____

4. Title of Position _____
Name of Organization _____
Location _____
Name of Immediate Supervisor _____
Dates Employed _____
Responsibilities _____

PROFESSIONAL MEMBERSHIPS:

COMMUNITY ACTIVITIES:

PUBLICATIONS/RESEARCH ACTIVITIES:

HONORS/AWARDS (including scholarships, fellowships, honor societies, etc.):

REFERENCE:

List name, title and address of a professional nurse who is in a position to evaluate you and who will submit a reference.

PERSONAL STATEMENT:

Concisely state your reasons for applying to the BSN/MSN Gateway Program for Registered Nurses. Describe your professional career goals, including your expected contributions to the field of professional nursing. Should you need more space, attach an additional page. Please type or attach your typewritten statement to this page.

SIGNATURE _____ **Date** _____