

Point Loma Nazarene University

School of Nursing Application

Graduate Programs

LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____
Additional last name(s) that may appear on transcripts _____		
MAILING ADDRESS:		
No. and Street _____ _____	Home Phone _____	
City and State _____	Work Phone _____	
Zip or Country _____	Cell Phone _____	
	Email _____	
	Address _____	
	Church _____	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Preference _____	

EDUCATIONAL AIMS

I am applying for entrance in Fall / Spring / Summer 20_____

I am applying for the following clinical specialty elective: Mental Health Medical-Surgical Gerontological Family Health

PROFESSIONAL RECOMMENDATIONS

Please give the full name, address, and phone number for each of the persons recommending you for this program.

1.	Name _____	Position/Title _____
	Institution/Organization _____	Phone _____
	Address _____	
2.	Name _____	Position/Title _____
	Institution/Organization _____	Phone _____
	Address _____	

OPTIONAL STATISTICAL INFORMATION

This information will not be used in, or in any way affect the admission decision. After a decision is made, however, certain facts may prove helpful in identifying candidates for specific privately-endowed scholarships, in reporting institutional statistics to the US Office of Education, and in recognizing needs in University planning. Your **voluntary** provision of this data is most appreciated.

DISABILITIES

- None Hearing Mobility Sight Learning Other
 Single Married Separated Divorced Other

PROFESSIONAL OR COMMUNITY INVOLVEMENT

List professional or community activities and any honors or awards earned. Use extra sheet of paper if necessary

Organization or Activity	_____	Dates (Mo/Yr)	from _____	to _____
Hours per Week	_____	Offices held, special recognition, awards	_____	

Organization or Activity	_____	Dates (Mo/Yr)	from _____	to _____
Hours per Week	_____	Offices held, special recognition, awards	_____	

HOBBIES OR SPECIAL INTERESTS

PLEASE LIST THE OTHER GRADUATE SCHOOLS TO WHICH YOU ARE APPLYING.

1. _____
2. _____
3. _____

Per agreement with the San Diego Nursing Service Consortium and affiliated hospitals, a background check and drug screening will be required prior to your first clinical experience. In order to complete the American Data Bank background check, furnishing of social security number and date of birth is required. Once accepted into the MSN program, your preparatory packet will include this information.

Social Security # _____

Date of Birth _____

If the above information is not provided, you must sign the following waiver statement authorizing the School of Nursing to receive your Social Security number and date of birth from the Office of Records for the purpose of your background check only.

Signature

Date