



Saint Francis Medical Center
College of Nursing

A Tradition of Excellence in Nursing Education

**Saint Francis Medical Center College of Nursing
511 N.E. Greenleaf Street
Peoria, Illinois 61603**

Application For Admission to the Masters Program

An application fee of \$50.00 should be returned with this application. You are urged to give careful consideration to each question on this form. It is to your advantage to fill it out completely and return it promptly to the Graduate Office of the College of Nursing.

Print or Type Information Below.

Date _____, 20____ Social Security _____

Name _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Home Address _____
(Number and Street)

(City) (State) (Zip Code) (County)

Date of Birth _____

Home Telephone (____) _____ Work Telephone (____) _____

Email _____ Fax Number (____) _____

U.S. Citizen Yes ___ No ___

If no, please circle your status: Resident Alien Non-resident Alien

Visa type and Number _____

Person to be notified in case of emergency:

Name _____

Relationship _____

Address _____ Telephone Number (____) _____
(Number and Street)

(City)

(State)

(Zip Code)

Your response to the following is voluntary. The information is requested so that this institution may demonstrate its compliance with Federal regulations.

Please check appropriate answers:

- Black Non-Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Hispanic
- White Non-Hispanic
- Other, please specify _____

Gender

Male Female

Have you previously applied for admission to this college? Yes No

If yes, date: _____

Will you be requesting financial assistance Yes No

When do you desire to enter this college? _____

Previous Undergraduate and Graduate Studies (Please list all institutions attended. Failure to list all institutions is a violation of academic integrity and will lead to dismissal from College.) Use additional sheet if necessary.

Dates		Name of School	City and State	Major	Credential Earned (Diploma, Certificate Degree, No. of Credits)
From	To				

Employment: List all work experiences, full and part-time, since graduation from college, beginning with the most recent. Use additional sheet if necessary.

Dates		Title of Position	Employer	City and State
From	To			

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I understand that inaccurate information on any part of the application may result in cancellation of admission and/or registration.

Signature_____Date_____