



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 Baccalaureate Nursing Program (BSN)

An application fee of \$50.00 which is non-refundable should be returned with this application. You are urged to give careful consideration to each question on the form. It is to your advantage to fill it out completely and return it promptly to the Admissions 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 attended another nursing program? Yes No

If yes, name of program and dates attended.

A reference letter from the Dean/Director of the nursing program is required.

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

If yes, date _____

When do you desire to enter this college? _____

SECONDARY EDUCATION: GED High School Graduate

Name of High School _____ Graduation Date _____

POST-SECONDARY EDUCATION: (All institutions attended. An official transcript must be submitted from each institution.) Use an additional sheet if necessary

Name of College	Dates Attended	City and State	Major	Degree Earned

PREVIOUS NURSING EDUCATION (If Applicable)

Please submit a copy of your current license with your application for admission.

R.N. Diploma ___ ADN ___

_____ (Name of School) (City) (State)

Graduation Date: _____ License # _____

How did you find out about Saint Francis Medical Center College of Nursing?

Newspaper ___ High School/College Counselor ___
 Graduate of program ___ Admissions Packet ___
 Open House ___ College Night/Career Fair ___
 Other (please explain) _____

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 _____

Essay: Please write an account of:

- (1) Your reasons for selecting nursing as a career.
- (2) Any special reason for desiring to enter Saint Francis Medical Center College of Nursing.
- (3) Your plans and aspirations for the future.

Please attach your essay.