



**Saint Francis University
Department of Nursing
Application for Nursing Graduate Program**



Please print:

_____ Date of Birth: _____ Gender: M____ F____
 SSN MM/DD/YY

_____ Last Name _____ First Name _____ MI _____

_____ Previous Names _____ E-mail Address _____

_____ Permanent Mailing Address _____ City _____ State _____ Zip Code _____

_____ Local Mailing Address _____ City _____ State _____ Zip Code _____

_____ Home Phone _____ Cell Phone _____ Work Phone _____

Preferred method of contact: _____

Are you a citizen of the United States (US) Yes____ No____ Is English your first language? Yes____ No____

Do you possess a current and valid Registered Nurse License in the US? Yes____ No____

License Number: _____ State of Licensure _____

Have you ever been convicted of a felony or serious criminal act? Yes____ No____ If yes, please explain: _____

Select one or more of the listed racial categories to describe yourself (Your responses are voluntary and will neither be shared nor used to deny access, admission, or financial aid. This information will be used solely for reporting purposes.)

- American Indian or Alaskan Native
- Alaskan
- Asian
- Black or African
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

Do you consider yourself to be Hispanic/Latino? Yes____ No____

How did you hear about Saint Francis University's Nursing Graduate Program?

(Check all that apply):

- Internet
- Friend or Colleague
- Employer
- Professional Association
- Email
- Newspaper
- Other

If other, please describe: _____

In addition to submitting this application, you will need to send the following documentation to Saint Francis University's Department of Nursing:

1. **Personal Essay:** Please compose a 500 to 700 word essay that discusses your professional and educational goals as they relate to the Master's Program for which you are applying.
2. **Curriculum Vitae**
3. **Two letters of recommendation (in envelopes sealed by the composer):** These letters should be composed by two people who can attest to your aptitude for graduate work and leadership in the profession.
4. **Official transcripts for any colleges, universities, or institutions that you attended:** These should be sent directly to Saint Francis University by degree granting institution. Transcripts should be mailed in envelopes sealed by the degree granting institution. We will also accept official electronic transcripts sent through an electronic transcript service.

Signature

Date

By signing and dating this application, I consent representatives from Saint Francis University to contact me with any questions or concerns that they may have in relation to the information in this application. I consent representatives from Saint Francis University to contact me via my home phone, cell phone, work phone, or email.

Mail application and all required documentation to:

Graduate Program, Department of Nursing
Saint Francis University
117 Evergreen Drive
PO Box 600
Loretto, PA 15940