



GRADUATE NURSING APPLICATION FOR ADMISSION

- Pre-Nursing (prerequisites only)
Entry Level MSN (pre & post licensure)
MSN (post licensure only)

PERSONAL INFORMATION PLEASE PRINT

Today's Date Social Security Number

Full Legal Name Last First Middle

List All Names Appearing on Academic Records

Permanent Address Number and Street Apt#

City State Zip

Home Phone Work Phone

Cell Phone Fax Number

Email Address

Current RN License Number Expiration Date

Sex: Male Female Birth Date

Emergency Contact Name

Relationship Phone

Country of Citizenship

If not a US citizen, please indicate your current status:

F-1 Visa (name of issuing institution) Other Visa (what type)

Permanent Resident (registration number) Other (please explain)

Occupation Employer

Business Address Number and Street Apt#

City State Zip

The following questions are optional. The answer will be used for institutional research and federal reports only.

1. Are you Hispanic or Latino Yes No
2. Please mark one or more of the following races.
 American Indian or Alaska Native Black or African American Native Hawaiian or other Pacific Islander
 Asian White Hispanic / Latino Nonresident alien Race / ethnicity unknown

Have you ever been convicted of a crime other than a minor traffic violation? _____
If yes, please give details on a separate sheet of paper and state the charges, date of the conviction and disposition of the case.

Have you ever been a student in any School of Nursing?
 Yes No *If yes, please answer the following.*

Name of School _____

Complete address of school _____

Reason for leaving _____

EDUCATIONAL INFORMATION

Please list all colleges and universities you have attended. Applicants must submit official sealed transcripts from each institution of higher education attended. An official transcript is one the University receives directly from that institution.

Date Attended

College and Location

Degree/Major

Bachelors degree _____

All other colleges _____

Activity Records (honors, awards, office, scholarships) _____

PERSONAL DATA

Birthplace _____ Primary Language Spoken _____

PHYSICAL DATA

Height _____ Weight _____ Eyesight _____ Hearing _____

Rate your General Health _____

Check the appropriate box for any of the following problems you have experienced, past or present. Attach a separate sheet for additional comments:

(CBU must comply with the Americans with Disabilities Act, however these answers do not affect admission decisions.)

- | | | | | | |
|---|--|--|--|--|---|
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Psychiatric History | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Orthopedic Problem (neck, back, knees, joints) |
| <input type="checkbox"/> Migranes | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Medication or Drug Use |
| <input type="checkbox"/> Respiratory / Asthma | <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> None of the above | |

STATEMENT OF AGREEMENT WITH UNIVERSITY EXPECTATIONS

In compliance with both state and federal law, California Baptist University does not illegally discriminate on the basis of any protected category, except to the extent it is necessary to fulfill its religious purposes, so as to be in compliance with the 2000 version of the Baptist Faith and Message.

CERTIFICATION:

I certify that, to the best of my knowledge, the information furnished on this application is true and complete. I agree that if admitted, I will abide by the rules and regulations of California Baptist University as contained in the current *University Catalog*, department brochures, and *Student Handbook*. If there is a dispute between the University and me, the *Student Handbook* provides the procedures for making an appeal. I also understand it is my responsibility to obtain the current *University Catalog* and *Student Handbook* and to be aware of the policies outlined in them.

I understand I may enroll in no more than 6 units in a graduate program prior to satisfying all the admission requirements of California Baptist University.

I certify that I have completed a bachelor's degree at a regionally accredited college or university or that my bachelor's degree will post prior to commencing the graduate program.

I understand CBU regulations prohibit the use of tobacco, alcoholic beverages, and illegal drugs on campus. I also understand the violation of any criminal or civil law shall be construed as a violation of University policy. I certify the statements made in the application are true and complete to the best of my knowledge. I understand that falsification, withholding pertinent data, or failure to comply with University regulations may result in my dismissal.

Signature

Date

SUBMIT ALL MATERIALS TO :

California Baptist University
Graduate Admissions
8432 Magnolia Avenue
Riverside, CA 92504

Phone: 951.343.4249
Toll Free: 877.228.8866
Fax: 951.343.5095
graduateadmissions@calbaptist.edu