



cbu

California Baptist University

# Graduate Nursing Application

**Entry Level MSN** (pre & post licensure)  
Summer 20\_\_\_\_\_

**MSN** (post licensure only)  
\_\_\_\_\_20\_\_\_\_\_

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Full Legal Name \_\_\_\_\_  
Last First Middle

Sex:  Male  Female Birth Date \_\_\_\_\_

List all names appearing on academic records \_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number and Street City State Zip

Permanent Address \_\_\_\_\_  
(if different from above) Number and Street City State Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Current RN License Number (if applicable) \_\_\_\_\_ Expiration date \_\_\_\_\_

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 City State Zip

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

*If yes, please give the details on a separate sheet of paper and state the charge, the court, the date of the conviction and the disposition of the case.*

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 a student in any School of Nursing? No \_\_\_ Yes \_\_\_ If yes, answer the following:

Name of school \_\_\_\_\_

Complete address of school \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please list all colleges and universities 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.

College(s) and Location(s) Degree/Major Date Attended

Bachelors degree: \_\_\_\_\_

All other colleges: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity Record (honors, awards, offices, 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.)*

Chronic Illness  Physical Disability  Learning Disability  Psychiatric History  Eating Disorder  Orthopedic problem (neck, back, knees, joints)

Migraines  Menstrual Problems  Allergies  Seizures  Diabetes  Medication or Drug Use

Respiratory/Asthma  Other \_\_\_\_\_  None of the above

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.

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Signature

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Date

**Submit all materials to:**

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

951-343-4249

877-228-8866

951-343-5095 fax

[graduateadmissions@calbaptist.edu](mailto:graduateadmissions@calbaptist.edu)