



Admissions Office □ PO Box 5000 □ Antigonish □ Nova Scotia □ Canada B2G 2W5
Phone: 1-877-867-StFX (7839) □ Fax: (902) 867-2329 □ E-mail: admit@stfx.ca

APPLICATION

Office Use

Dates Attended: _____

Present/Final Grade (e.g. XII): _____

Post-Secondary Study

Have you attended any other universities or other post-secondary institutions? Yes No

(Failure to disclose previous attendance at another institution could result in academic dismissal) If "yes" please arrange to have **Official Transcripts** sent to the Admissions Office at St. Francis Xavier University. List all universities and/or colleges you have attended and dates attended.

It is the responsibility of the applicant to ensure that all **SUPPORTING DOCUMENTS** are submitted to the StFX Admissions Office. Applications cannot be processed until such documents are received. These include high school transcripts, official university or college transcripts (if you have attended any other post secondary institutions) and all required documentation listed on reverse side of application.

If you have applied to StFX before this year, please complete: Year of Application: _____
Were you accepted: Yes No
Did you attend? Yes No
Dates attended: _____
If your name changed since you last applied/attended please give your former name: _____

Desired Program Of Study

Part-time Post RN, BScN Degree Program (Distance)

Post-Secondary Nursing Education (i.e., diploma programs)

Name of Institute: _____

Date: _____

Applicant

Mr. Ms. Mrs. Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Preferred 1st Name: _____

Previous Last Name: _____

Address Information

Home Address: _____

City: _____

Province/State: _____ ZIP/PC: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

Personal Information

Sex: F M Married Single

Date of Birth: _____
Day Month Year

Social Insurance Number: _____

Mother-tongue: English French Other

Citizenship: Canadian/Permanent Resident

Other _____

Last High School Attended

Name: _____

Phone: _____

Address: _____

Current RN Status

Province(s) in which you hold active RN registration and date(s) of certification _____

Next of Kin

Mother Father Guardian Spouse
 other (please specify) _____

Mr. Mrs.

Last Name: _____

First Name: _____

Home Address: _____

City: _____

Province/State: _____ ZIP/PC: _____

Country: _____

Phone: (____) _____

Fax: (____) _____

Email: _____

How did you learn about the Distance Nursing Program at St. Francis Xavier University?

- poster/advertisement at workplace
- advertisement in newspaper/magazine/journal; please specify name of publication

- information from co-worker
- information from graduate of the program
- StFX web page
- other (please specify)

Do you have access to a computer on a regular basis?

- yes no If yes, home work both

I hereby agree to abide by all the rules and regulations that apply to students of StFX University and acknowledge that my right to remain at StFX is subject to my observance of them. The information in this application is complete and correct to the best of my knowledge. I acknowledge that StFX is required to abide by the Freedom of Information and Protection of Privacy legislation as it applies to universities.

Signature _____

Date _____

Work Experience

You must have at least one year of clinical experience. List work experience as an RN, beginning with **current** or most recent position.

Date Position Agency Phone #

Date Position Agency Phone #

Other Learning Activities

A complete application comprises the following items:

- I have enclosed a copy of my current RN registration.
- Official copy of Grade XII marks will be forwarded. _____.
- Official Nursing Diploma transcript(s) will be forwarded from _____.
- Official University transcript(s) will be forwarded from _____.

Personal Statement enclosed (brief explanation of why you are applying to program)

One letter of reference will be forwarded by my referee (form enclosed).

My referee is: _____

- Enrollment Fee **\$125**, Part-time Post RN, BScN Degree Program (**Payable to St. Francis Xavier University**)
 - cheque/money order enclosed
 - Visa/MasterCard No. _____ Expiry _____

Please mail to:

Admissions Office
St. Francis Xavier University
PO Box 5000 Antigonish, NS B2G 2W5 Canada
February 2009

Revised



Return form to:
Admissions Office
 St. Francis Xavier University
 P.O. Box 5000
 Antigonish, Nova Scotia B2G 2W5

CONFIDENTIAL REPORT
on APPLICANT
 Part-time Post RN
 Bachelor of Science in Nursing
 Degree Program

CANDIDATE'S NAME: _____

Candidate has applied for entry into a program of study (part-time), leading to a Bachelor of Science in Nursing Degree. All students are required to submit a letter of reference. The form below serves this purpose. Your evaluation is an important part of the admission process. Please send this completed form directly to the address at the top of page.

5 Excellent 4 Above Average 3 Average 2 Below Average 1 Poor

Please rate candidate in as many of the following as possible.

GENERAL QUALITIES

YOUR RATING OF CANDIDATE (circle)

Self-Discipline	5	4	3	2	1
Motivation for Self-Improvement	5	4	3	2	1
Initiative	5	4	3	2	1
Sense of Responsibility	5	4	3	2	1
Intelligence	5	4	3	2	1
Communication Skills (Verbal)	5	4	3	2	1
Communication Skills (Written)	5	4	3	2	1
Group Leadership Ability	5	4	3	2	1
Health	5	4	3	2	1
Sense of Co-operation	5	4	3	2	1
Punctuality	5	4	3	2	1

PROFESSIONAL QUALITIES

Quality of Nursing Care	5	4	3	2	1
Relations with Co-workers	5	4	3	2	1
Inservice Participation	5	4	3	2	1
Relations with Patients	5	4	3	2	1
Professional Judgement	5	4	3	2	1
Work Habits	5	4	3	2	1

SEE REVERSE

How long and in what capacity have you known the candidate?

What do you consider the candidate's strongest assets in relation to pursuing a program of university studies?

What do you consider the candidate's major limitations?

ADDITIONAL COMMENTS:

Please Print

Name: _____

Professional Title/Position: _____

Address: _____

Phone: _____

Signature: _____

Date: _____