cbu | California Baptist University

Graduate Nursing Application

□ **Entry Level MSN** (pre & post licensure)
Summer 20_____

□ **MSN** (post licensure only) □ **Post-Masters Credentialing**

□ Fall 20____ □ Spring 20 ___ □ Summer 20 ___

Concentrations:
□ Clinical Nurse Specialist – Adult Gerontology
□ Family Nurse Practitioner (FNP)
□ Healthcare Systems Management
□ Teaching-Learning (Education)

Date _____ Social Security Number _____

Full Legal Name_____
Last First Middle

Sex: □ Male □ Female Date of Birth _____

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? □ **yes** □ **no**
If yes, please give the details on a separate sheet of paper and state the charge, date of conviction, and the disposition of the case.

Have you ever been academically dismissed from, declared ineligible to attend or incurred disciplinary action at any institution? □ **yes** □ **no**
If yes, please provide details on a separate sheet of paper

Have you ever been a student in any School of Nursing? No_____Yes_____ If yes, provide 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.

College and Location Degree/Major Date Attended

Bachelor's 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 _____ □ N/A

The following questions are optional. The answers 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

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

951.343.4249
877.228.8877
951.552.8700 fax
graduateadmissions@calbaptist.edu