

# University of Saint Mary

Department of Nursing  
4100 South 4<sup>th</sup> Street  
Leavenworth, Kansas 66048  
(913) 758- 4386 Fax: 913 758-4356

## Application for Admission to the On-Campus BSN Program

Date: \_\_\_\_\_, 20\_\_\_\_ Year for which admission is requested: \_\_\_\_\_

Name in Full (no initials): \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Citizenship \_\_\_\_\_ If not U.S. citizen, please indicate the following:

F-1 Visa  Permanent Resident  Nonresident Alien  Alien Registration # \_\_\_\_\_

Optional Information for reporting purposes only. You may omit this section.

Male \_\_\_\_\_ Female \_\_\_\_\_

Alaskan Native/Native American  Asian Indian  Asian Other  
 Black or African-American  Hispanic/Latino  
 Native Hawaiian/Pacific Islander  White/Non-Hispanic  
 Other \_\_\_\_\_ (please specify)

How did you learn about our program?

Please indicate the contact you have had with University of Saint Mary Nursing Department.  
(Check all that apply.)

Mail  AACN  USM Website  Flyer  CCNE

Current Student \_\_\_\_\_ Current Employee \_\_\_\_\_  
Name of student Name of employee

Other: Please explain \_\_\_\_\_

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1. If you are a licensed health care worker, please give the following information:

I am licensed as a/an LPN, LMHT, other: \_\_\_\_\_

I am licensed in the state(s) of: \_\_\_\_\_ License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

\_\_\_\_\_ License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

2. If currently employed, please indicate: [ ] Full-time [ ] Part-time \_\_\_\_\_ Hrs/ Week

Agency	Title	Dates Employed
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3. If you have a degree in another area, please specify: \_\_\_\_\_

4. I am currently a Certified Nurse Aid (CNA). Yes: \_ No: \_ State \_\_\_\_\_ License # \_\_\_\_\_

5. If currently attending college, list name of college and your cumulative GPA:

\_\_\_\_\_

**Official updated transcripts of all courses completed during the spring and summer semesters prior to enrollment in the nursing program are required to be submitted to University of Saint Mary prior to the first day of classes.**

6. Give the names and addresses of two mature persons, not relatives or friends, who know you and can give information about you. For example, you may include a recent teacher, counselor, employer, or clergyman. Use the attached forms and follow application directions for guidance.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position: \_\_\_\_\_

7. Person to be notified in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Print)

Telephone No. : \_\_\_\_\_ Alt. Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

8. What responsibilities do you have that might interrupt or interfere with your program of study?

**9. Complete the Test of Essential Academic Skills (TEAS) entrance test. (For pre-licensure students only. Reservations and full payment of \$25 are required before testing. Please refer to application information/instructions for further information.)**

**10. Have you ever been convicted of a crime other than traffic violations? Yes \_\_\_ No \_\_\_**

“ to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant of licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120 no license, certification of qualification or authorization to practice nursing as a licensed professional nurse...shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 or chapter 21 of the Kansas Statutes...” (K.S.A. 65-1120 a) (2).

**If yes, please explain. You may use an additional sheet of paper if necessary. \_\_\_\_\_**

**Completion of an on-line background check is required if selected to attend the nursing program. (Refer to application directions for further information.)**

**SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_**

Completion of this form with your signature constitutes consent to review references and to use those references and all application materials submitted with the admission file to make a decision regarding admission to the nursing program. Return the completed form to the Department of Nursing at the address indicated. Since the nursing department functions on rolling admissions, application will be accepted anytime up to April 1<sup>st</sup> of each year. If you have questions or need other information, please include it in a separate letter from the application form.

University of Saint Mary Department of Nursing admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded to students at the school. It does not discriminate on the basis of race, color, sex, handicap, national and ethnic origin in the administration of its educational policies, admissions policies scholarship and loan programs and athletic and other school-administered program.

# CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

I acknowledge that my acceptance into the Department of Nursing at University of Saint Mary is dependent upon meeting all of the requirements of the Department. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person or substance abuse. I release University officials from any potential claim or liability related to the appropriate use of this information.

I have been advised about the Background Check Review required by the nursing program. If I have engaged in past criminal activities listed in the policy and it is made known to USM Department of Nursing, I may be subject to termination from the nursing program.

I understand that state boards of nursing may reject any application to sit for the state licensing exam based on a previous criminal record. I understand this may include criminal activities that are not listed in the policy or are not found in my initial background check. I am advised to contact the state board of nursing in the state in which I plan to practice for further clarification of their policy.

This consent and release is effective as of the date signed and it will remain effective until further notice. The university is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

**By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including but not limited to the Kansas Bureau of Investigation and the Social and Rehabilitation Services Child Abuse and Neglect Central Registry. I also agree to incur the cost of the investigation.**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Other name/s used, if any)

\_\_\_\_\_  
(Parent or Guardian, if a Minor)

\_\_\_\_\_  
(Date)

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**WRITTEN INTERVIEW**

Please type or print legibly

Dear Applicant:

Please complete this written interview and return it to the Nursing Department with your application for admission. If necessary you may use extra paper.

1. Who/What influenced your choice of professional nursing as a career?
2. What are your reasons for applying to a baccalaureate program?
3. If you are making a complete change of career, please explain.
4. Do you have personal or work experience in the healthcare field? If yes, please explain.
5. What strengths/assets do you feel would contribute to the nursing profession?

6. Do you have a dependence on alcohol or drugs? If yes, please explain.

7. Are you currently participating in a treatment program for drug or alcohol dependence? If so, please explain.

8. Is there anything in your academic record which needs explaining, i.e., incompletes, withdrawals, poor semester, pass/fail scores?

9. Do you have any questions or comments?

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**University of Saint Mary Department of Nursing does not discriminate on the basis of race or color, religion, gender, age, national or ethnic origin or ancestry, disability, veteran status, sexual orientation or citizenship status as required by law. The University of Saint Mary's non-discrimination policy applies to admission policies, academic and non-academic programs, financial assistance, programs and other programs administered by the University.**

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**RECOMMENDATION FOR ADMISSION (Please complete both pages.)**

**PART A: TO BE COMPLETED BY THE APPLICANT**

Applicant's Name: \_\_\_\_\_  
Last First Middle Initial

Degree Sought: \_\_\_\_\_

I waive\_\_ / do not waive\_\_ my right to access this letter of recommendation.

Signature of applicant: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation by signing the statement below. Should you decide not to waive the right, you will have access to this recommendation only if you enroll in the School of Nursing at University of Saint Mary, Leavenworth, Kansas.

**PART B: TO BE COMPLETED BY THE RECOMMENDER**

The person named above has applied for admission to the University of Saint Mary nursing program. We would appreciate your candid evaluation of the applicant's ability to carry on studies, as well as of her/his scholarship, personality, character, integrity, and professional promise. Please include in the statement an assessment of strengths and weaknesses. The basis for your opinion will be appreciated. If additional space is needed, please feel free to use a separate page. If you prefer, you may write the entire statement on your own stationery. We thank you for your cooperation.

**Recommender:** Please complete this two page reference form. Once completed place reference pages in an envelope, seal it and put your name over the seal. You may either mail the envelope directly to us (USM, Nursing Department, 4100 South 4<sup>th</sup> Street, Leavenworth, KS 66048 or have the applicant return the sealed and signed envelope prior to April 1<sup>st</sup> .

**How long and in what capacity have you known the applicant?**

\_\_\_\_\_

**STATEMENT:**

Name (Print or Type) \_\_\_\_\_ Title \_\_\_\_\_

Institution/Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUMMARY OF EVALUATION**

Applicant's promise as a BSN student  
In comparison with others of similar  
Age and experience

Below Average	Average	Above Average	Outstanding	Exceptional	No Basis for Judgment
Lowest 40%	Middle 20%	Next 20%	Next 15%	Upper 5%	

1. Academic Performance						
2. Intellectual Ability						
3. Imagination/Creativity						
4. Oral & Written Expression						
5. Motivation/Self Confidence						
6. Emotional Maturity						
7. Honesty/Integrity						
8. Dependability						
9. Judgment/Decision Making Ability						
10. Ability to Work with Others						

Please indicate the strength of your overall endorsement by placing an "X" along the scale.

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Not Recommended

Recommended with  
Some Reservations

Recommended

Highly Recommended

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