

Supplemental Admission Application – Accelerated Option – AUGUST 2010

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address (note: Decision letters will be sent to this address) Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Gender: _____ Social Security No.: _____ Ethnicity: _____

Education/Transcript Information – List All Colleges/Universities Attended

School: _____ City/State: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

School: _____ City/State: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

School: _____ City/State: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

References

*Please list the names and professional titles of two (2) people that will recommend you for admission. These individuals are asked to complete the reference forms on the applicant's behalf.***

Full Name: _____ Professional Title: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Professional Title: _____

Company: _____ Phone: () _____

Address: _____

Application deadline for the Accelerated Option is April 1, 2010 for August 2010 enrollment.

Application review for the Fall 2010 class will begin January 2010. Students who meet and exceed all admission standards will be admitted on a rolling basis until the Option is full.

A \$25 non-refundable application fee is required. You may submit a check or money order payable to SIUE School of Nursing.

** Reference forms are attached.

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
SCHOOL OF NURSING

**Accelerated Nursing Option
Reference Materials**

Note to applicants: Your application must include two separate copies of this form that have been completed by two persons in an educational, administrative, or collegial capacity who have worked closely with you in the past five years. Please be sure that the references you provided on your application are the same that submit materials. Reference providers should return the completed forms to:

SIUE School of Nursing
Accelerated Option - Application
Campus Box 1066
Edwardsville, IL 62025

The applicant must read, complete, and sign the following statement before submitting this form to the reference provider. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974 – FERPA)

{ } I waive my right of access to this letter of recommendation (applicant will not be able to view recommendation materials).

{ } I **do not** waive my right of access to this letter of recommendation.

Signature of Applicant

Date

Applicant Information

Full Name: _____

Address: _____

Reference/Recommendation Provider's Instructions

Applicant for whom you are providing a reference and/or recommendation:

Your thoughtfulness and care in furnishing information for the above mentioned applicant is greatly appreciated! This statement will be reviewed carefully when evaluating the applicant for admission consideration. Please consider the following information while providing your feedback:

- Explain how long you have known the applicant and in what capacity
- Provide a candid assessment in each of the following areas:
 - Interpersonal Relationships (with superiors, peers, patients or clients)
 - Intellectual Abilities (conceptualization, utilization, transfer of knowledge, problem-solving)
 - Leadership Qualities (awareness of self, ability to initiate change, leadership style)
 - Personal characteristics which may promote or inhibit nursing study (motivation, flexibility, sensitivity, perseverance, desire to obtain degree)

In addition to any written statement(s) that you would like to make about the applicant, please rate the applicant in relation to others you have known in his/her position:

	Superior	Above Average	Average	Below Average	No Basis for Judgement
Interpersonal Relationships					
Intellectual Abilities					
Leadership Qualities					
Personal Potential for Nursing Study					

Additional Comments:

Signature: _____

Position: _____

Printed Name: _____

Phone #: _____

Thank you for completing this form.

Please place it in a sealed envelope and return to:

**SIUE School of Nursing
Accelerated Option - Application
Campus Box 1066
Edwardsville, IL 62025**