

SCHOOL OF NURSING

**Supplemental Admission Application – Accelerated Option – AUGUST 2016**

**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: \_\_\_\_\_

SIUE ID# \_\_\_\_\_

**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: ( ) \_\_\_\_\_

**Application deadline for the Accelerated Option is September 1, 2015 for August 2016 enrollment.**

Admission decisions will be sent out by October 1, 2015

Admitted students will be required to pay a **non-refundable** Advance Deposit fee of \$175 which will be applied to the student's tuition billing for fall enrollment. If the student does not attend, the fee is forfeited.

The applicant is advised that open and candid disclosures of their past or ongoing criminally actionable acts are strongly encouraged. Failure to adhere to an honest personal disclosure of past or ongoing acts may affect a student-applicant's ability to apply for or take the professional nursing licensing examination in a state or affect that state's Board of Nursing or Professional Regulation Board from granting the requisite license.

**Signature/Certification**

*I certify with the inclusion of my signature that the information provided in this application and any supporting documentation is complete and accurate to the best of my knowledge. I also understand that any falsified or omitted information may disqualify me from admission consideration.*

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Applicant's Signature

Date

Please return completed application and all supporting documentation to:  
Southern Illinois University Edwardsville  
School of Nursing  
Campus Box 1066  
Edwardsville, IL 62026  
Office: 618-650-3956  
Fax: 618-650-3854

The SIUE Annual Security and Fire Safety Report is available online at [www.siu.edu/securityreport](http://www.siu.edu/securityreport). The report contains campus safety and security information and crime statistics for the past three calendar years and fire safety policies and fire statistics for the previous calendar year. This report is published in compliance with Federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" and the Higher Education Opportunity Act also known as the "Campus Fire Safety Right to Know." For those without computer access, a paper copy of the report may be obtained from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.