

BSN/MSN NURSING ADMISSIONS APPLICATION

APPLICANT INFORMATION:

Name: _____ Social Security # _____

Other names under which records may have been issued: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Job Title: _____ Employer: _____

PROGRAM APPLYING FOR:

- ____ BSN Degree Completion
- ____ Master's Degree (MSN)
Specialization: _____
- ____ School Nurse Certificate
- ____ Forensic Nurse Certificate
- ____ Non-Degree

TERM APPLYING FOR:

- ____ January/Spring
- ____ May/Summer
- ____ August/Fall

STATUS:

- ____ Full Time
- ____ Part Time

ACADEMIC HISTORY: (List all college-level academic work, regardless of whether or not a degree was earned.)

Name of College	Undergraduate/Graduate	Dates Attended	Degree Granted/Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RN LICENSE: State: _____ Number _____ Expiration Date: _____

Do you believe your grades accurately reflect your academic ability? _____ If NO, please explain: _____

ADMISSIONS MATERIALS: (All materials below should be submitted to the college at the same time as the application and the non-refundable application fee. Transcripts are considered official only when received by La Roche College in a sealed unopened envelope from the college(s) attended).

BSN:

- ____ Current Nursing License Application
- ____ \$50 Application Fee
- ____ All Official Transcripts
- ____ Two Letters of Reference
- ____ Current Resume or CV
- ____ QPA of 3.0 or above
- ____ Essay of Professional & Academic Goals

MSN DEGREE:

- ____ Current Nursing License
- ____ BSN from accredited program
- ____ Application
- ____ \$50 Application Fee
- ____ All Official Transcripts
- ____ Current Resume or CV
- ____ Essay of Professional & Academic Goals
- ____ Two Letters of Reference
- ____ QPA of 3.0 or above
- ____ Personal Interview

(Admissions requirements
continued on reverse side.)

SCHOOL NURSE CERTIFICATE:

- ___ BSN or MSN from an accredited program
- ___ Current Nursing License
- ___ Application
- ___ \$50 Application Fee
- ___ All Official Transcripts
- ___ QPA of 3.0 or above
- ___ Current Resume or CV
- ___ Two Letters of Reference
- ___ Essay of Professional & Academic Goals
- ___ Completed Health Form
(including Hepatitis B Immunization)
- ___ CPR Certification
- ___ Professional Liability Insurance
- ___ 1-2 years pediatric maternal-child or trauma
ER nursing experience preferred
- ___ Criminal background and child abuse
clearances (Act 33 and 34)

FORENSIC NURSE CERTIFICATE:

- ___ Current Nursing License
- ___ Application
- ___ \$50 Application Fee
- ___ All Official Transcripts
- ___ QPA of 3.0 or above
- ___ CPR Certification
- ___ Professional Liability Insurance
- ___ Completed Health Form
(including Hepatitis B Immunization)
- ___ Current Resume or CV
- ___ Two Letters of Reference
- ___ Essay of Professional & Academic Goals
- ___ Criminal background and child abuse
clearances (Act 33 and 34)

NON-DEGREE STUDENT

- ___ Application
- ___ \$50 Application Fee
- ___ All Official Transcripts
- ___ Current Resume

ADDITIONAL INFORMATION: How did you become aware of the nursing program at La Roche College? (check all that apply)

- Employer Referred by an alum or current student of the program Received information at a college fair/event
- Advertisement (list source) _____ Other _____

Please list any special accommodations that you may require: _____

List any professional associations of which you are a member: _____

Your responses to the following questions are optional and have no bearing on your application. These informal questions will help the institution to better serve you, and the data also will help facilitate completion of reports required by state and federal agencies.			
Sex _____	Birth Date _____	Citizenship _____	Birthplace _____
Religion _____	Marital Status _____	Race/Ethnicity _____	Veteran _____

**A NON-REFUNDABLE \$50 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.
A NON-REFUNDABLE \$100 TUITION DEPOSIT IS REQUIRED FOR FULL-TIME STUDENTS.**

I certify that the statements contained within this application are true to the best of my knowledge. I understand those credentials filed in support of this application become the property of La Roche College and are not returnable or transferable.

Applicant's Signature _____ Date _____

La Roche College admits qualified students of any sex, race, color, handicap, religion, national and ethnic origins or veteran status to all rights, privileges, programs and activities generally accorded or made available to students at the college. It does not discriminate in the administration of its educational policies, admissions policies, scholarship or loan programs, athletic and other college-administered programs. La Roche's non-discrimination policy is administered in accordance with state and federal laws, including Title IX of the Educational Amendments Act of 1972 and Section 504 of the Rehabilitation Act of 1973. The College is committed to serving a diversity of students by providing educational and extra-curricular programs which will enhance their overall educational experience. The College is committed also to maintaining a humane atmosphere in which all individuals and groups are respected and not disparaged. The College is unalterably opposed to any form of harassment. Harassment includes behavior, speech or writing that demeans or stereotypes individuals in a harmful way. Harassment may create an intimidating, hostile or demeaning environment and often has the effect of interfering with an individual's full and free participation in the life of the College. Please direct all inquiries to the Office of Human Resources, La Roche College, 9000 Babcock Boulevard, Pittsburgh, PA 15237.

Please Return all Materials to: LA ROCHE COLLEGE
Office of Graduate Studies & Adult Education
9000 Babcock Boulevard • Pittsburgh, PA 15237-5898
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