



Personal Information *(Please type or print.)*

Name _____
First Middle Last (Maiden)

Address _____
Street County

_____ *City State Country ZIP Code*

Social Security Number ____-____-____ Day Phone (____) _____ Evening Phone (____) _____

Email Address _____

Employer _____

Job Title _____

List any accommodations you may require: _____

Program Applying for

Please check one: BSN Degree Completion RN-MSN Master's Degree (MSN): Specialization _____
 School Nurse Certificate Non-degree

Term applying for: January/Spring May/Summer August/Fall

I plan to enroll: Part time (3-6 credits) Full time (9-12 credits)

Academic History *(List all college-level academic work, regardless of whether a degree was earned.)*

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

Do you believe your grades accurately reflect your academic ability? Yes No • If no, please explain: _____

RN License

State _____ License Number _____ Expiration Date _____

APPLICATION – BSN/MSN and Certificate in Nursing

Admissions Materials (All materials should be submitted to the University at the same time as the application.)

- | | |
|--|---|
| <p>BSN:</p> <p><input type="checkbox"/> Current nursing license</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> All official transcripts</p> <p><input type="checkbox"/> Two letters of reference</p> <p><input type="checkbox"/> Current resume or CV</p> <p><input type="checkbox"/> QPA of 3.0 or above</p> <p><input type="checkbox"/> Essay of professional & academic goals</p> <p>MSN DEGREE:</p> <p><input type="checkbox"/> Current nursing license</p> <p><input type="checkbox"/> BSN from accredited program</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> All official transcripts</p> <p><input type="checkbox"/> Current resume or CV</p> <p><input type="checkbox"/> Essay of professional & academic goals</p> <p><input type="checkbox"/> Two letters of reference</p> <p><input type="checkbox"/> QPA of 3.0 or above</p> | <p>SCHOOL NURSE CERTIFICATE:</p> <p><input type="checkbox"/> BSN or MSN from an accredited program</p> <p><input type="checkbox"/> Current nursing license</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> All official transcripts</p> <p><input type="checkbox"/> QPA of 3.0 or above</p> <p><input type="checkbox"/> Current resume or CV</p> <p><input type="checkbox"/> Two letters of reference</p> <p><input type="checkbox"/> Essay of professional & academic goals</p> <p><input type="checkbox"/> Completed health form (including Hepatitis B immunization)</p> <p><input type="checkbox"/> CPR certification</p> <p><input type="checkbox"/> Professional liability insurance</p> <p><input type="checkbox"/> 1-2 years pediatric maternal-child or trauma ER nursing experience preferred</p> <p><input type="checkbox"/> Criminal background and child abuse clearances (Act 33 and 34)</p> |
|--|---|

Note: Official transcripts are transcripts received by La Roche University in a sealed, unopened envelope from the school in question.

Your responses to the following questions are optional and do not affect your application. These informational questions will help the institution to better serve you. The data also will facilitate reports required by state and federal agencies.

Gender _____ Religion (Denomination/Rite) _____

Date of Birth _____ Place of Birth _____

Citizenship _____

Ethnicity: How would you describe yourself?

Hispanic of any origin (Spanish, Mexican, Puerto Rican, etc.): Yes No

Select one or more of the following: White Black or African American Asian

American Indian/Alaska Native Native Hawaiian/Pacific Islander

Veteran: Yes No If yes, will you seek benefits? Yes No

Marital Status: Single Married Divorced Widowed

NON-DISCRIMINATION POLICY

La Roche University does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Life & Dean of Students | 412-536-1069
Coordinator of Accessibility & Compliance | 412-536-1177
Associate Vice President of Human Resources | 412-536-1115

A non-refundable \$100 tuition deposit is required for full-time students. Your application will be kept on file for two (2) years.

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 University and are not returnable or transferable. (Falsifications or omissions on this application may be grounds for dismissal.)

APPLICANT'S SIGNATURE

Name

Date

Please return all materials to: LA ROCHE UNIVERSITY, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237
Phone 412-536-1260 • Fax 412-536-1283 • Toll Free 844-838-4578 • laroche.edu • Email: graduateadmissions@laroche.edu

La Roche University is an Equal Opportunity Education Institution.