

Saint Anthony College Of Nursing

Alumni Recommendation

Application for Admission

to the Bachelor of Science in Nursing Program

Please print or type

Date: _____ 20 _____ Social Security No.: _____

Name: _____
(Last Name) (First Name) (Middle) (Previous)

Home Address: _____ Home Telephone: _____
(Number and Street) ()

(City) (State) (Zip)

E-mail Address: _____

In case of emergency notify: _____
(Name/Relationship) (Telephone) (Work phone)

SECONDARY EDUCATION: High School Graduate; G.E.D. Date: _____

POST-SECONDARY EDUCATION: (college, university, trade, technical, or hospital schools):
 An academic transcript must be sent from each institution.

NAME OF COLLEGE	CITY, STATE	DEGREE EARNED

PREVIOUS NURSING EDUCATION (please submit a copy of your current license with your application for admission) — **IF APPLICABLE:**

R.N.: Diploma ADN _____
(Name of School) (City) (State)
 Graduation Date: _____ License _____
(Number) (State)

L.P.N.: _____ License _____
(Name of School) (City) (State) (Number) (State)

Certified Nursing Aid: _____
(Name of School) (City) (State)

WORK EXPERIENCE:

From	To	Title of Position	Employer	City & State

Have you previously applied for admission to this college? Yes No Date: _____

When do you desire to enter this college? _____ (Date)

How did you find out about Saint Anthony College of Nursing?

- _____ Newspaper ads
- _____ High School Counselor
- _____ College/University Advisor
- _____ Saint Anthony School of Nursing or
Saint Anthony College of Nursing graduate
- _____ Saint Anthony College of Nursing brochure
- _____ Open House
- _____ College Night/Career Fair
- _____ other (please explain):

I hereby affirm that the information provided on this application for admission to Saint Anthony College of Nursing is, to the best of my knowledge, complete and accurate. I understand that falsification of any application/registration document may be cause for denial for admission to the College. Should such falsification be discovered after I have been accepted, the Dean will determine appropriate action which could include dismissal from the College.

signature) (Date) _____ (Applicant's

*Saint Anthony College of Nursing will waive the \$50 application fee if this application is **complete**, including recommendation and signature of the sponsoring alum.*

Alumni Recommendation

Alumni Name _____ Class of _____

Previous Name (s) _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Telephone # w _____ h _____

Alumni Signature _____ Date _____

I recommend this applicant to Saint Anthony College of Nursing because:
