

MIDAMERICA

NAZARENE UNIVERSITY

Application for Priority Admission to the Traditional BSN Studies

I am applying for acceptance to the nursing program and wish to be considered for a spot in the
Fall 2016 program.

Demographic Data

Name: _____

Phones: Home: _____ Cell: _____ Work: _____

Local Address:

Street: _____

City, State, ZIP: _____

Permanent Address:

Street: _____

City, State, ZIP: _____

E-mail address: _____

TOEFL: According to the information in the 2015-2016 *Nursing Student Handbook*, I do/do not (circle one) need to submit TOEFL scores as part of my application to the nursing program. Handbook is posted on the nursing forum.

Your responses to items in this section will not affect your chances for admission in any way. This information is requested solely so that MidAmerica's nursing program can comply with its accrediting agencies' requests for information used to chart trends of student enrollment in nursing programs across the country.

Gender: Female Male

Date of Birth: ____ - ____ - ____
Mo Day Year

Race/ethnicity of U. S. Residents:

American Indian/Alaskan Native

Asian (not Hispanic origin)

Black/African American (not Hispanic origin)

Hispanic/Latino

Native Hawaiian or other Pacific Islander

White (not Hispanic origin)

Unknown

Non U. S. Residents (international students) check here:

Application Information

Instructions: Word process your response to each item below, adjusting table size as needed. Sign and date where indicated and submit all pages of this document, including the previous demographic data page, by the due date.

- List the educational institutions you have attended (colleges, universities, institutes, etc.) List most recent education first; do not include high school information

Institution	Dates Attended	Degree Granted, if Any

- List any licenses and/or certifications you have: (LPN, CNA, CMA, CPR, etc.)

Type	Number	State	Expiration Date

- Summarize your experiences as an employee. List most recent experience first.

Dates of Employment	Institution & Location	Position and Responsibilities

- Describe extracurricular activities, service projects, or volunteer work in which you have been involved.

Dates of Employment	Institution & Location	Position and Responsibilities

5. Explain any significantly poor or outstanding academic or professional performance. Include circumstances surrounding your performance.

6. Explain why you have chosen nursing as your profession. If this is a change from your initial career plans, please explain.

7. Describe your personal professional goals.

8. Describe why you are interested in MidAmerica's Traditional Nursing Program.

I have reviewed the "Table of Functional Abilities for Professional Nursing Practice" in the 2015-2016 *Nursing Student Handbook* and acknowledge my ability to perform all of these requirements adequately.

Signature

Date

**MidAmerica Nazarene University
Notice of Compliance with the Clery Act**

MidAmerica Nazarene University complies with the federal statute know as The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. Students, prospective students, employees, and prospective employees may request a copy of the most recent Campus Security Report from the office of the MidAmerica Nazarene University Campus Safety Department located in the Campus Center or by calling (913) 971-3299. The Campus Security Report is also available at: www.mnu.edu/campus-safety.

**MidAmerica Nazarene University
Notice of Non-Discrimination**

MidAmerica Nazarene University policy prohibits discrimination on the basis of race, gender, age, color, creed, national or ethnic origin, marital status, or disability in the recruitment and admission of students and in the operation of all university programs, activities, and services. Any concerns regarding discrimination on the basis of gender or disability should be addressed to Dr. Mark Ford, university coordinator of Section 504 of the Rehabilitation Act of 1973 and Title IX of the Education Amendments of 1972, in the Academic Offices in Metz Hall, (913) 971-3573.

.....

MIDAMERICA

NAZARENE UNIVERSITY

School of Nursing & Health Science

Prelicensure Nursing Education TBSN Program

Admission Reference Form

_____ is applying for admission to the nursing program and has given your name as a personal reference. Please complete and return this form to:

School of Nursing & Health Science
13625 S. Mur Len Road, Olathe, Ks 66062

Student Waiver Position

Before giving this form to your reference, the student should initial one of the boxes below. If neither box is checked, this reference is treated confidentially.

I waive my right to view this letter of recommendation.

I reserve a right to view this letter of recommendation.

Please rate this applicant, as able, on each of the following items:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Do not know
Interacts well with peers						
Interacts well with superiors						
Accepts constructive feedback/suggestions well						
Performs work/solves problems independently						
Acts ethically and with integrity						
Utilizes effective verbal communication skills						
Manages stress appropriately						
Is organized in work performance						
Has an overall positive impact on others						
Demonstrates consistent attendance/punctuality						

I have known this applicant as his/her:

_____ employer/supervisor

_____ professor

I have known this applicant for:

_____ years

_____ months

My recommendation for this applicant in terms of admission to the nursing major is to:

_____ highly recommend

_____ recommend

_____ recommend with hesitation

_____ not recommend

Feel free to write any further comments. Thank you.

Name: _____

Date: _____

Position: _____

MIDAMERICA
NAZARENE UNIVERSITY
 School of Nursing & Health Science

**Prelicensure Nursing Education
 TBSN Program**

Admission Reference Form

_____ is applying for admission to the nursing program and has given your name as a personal reference. Please complete and return this form to:

School of Nursing & Health Science
 13625 S. Mur Len Road, Olathe, Ks 66062

Student Waiver Position

Before giving this form to your reference, the student should initial one of the boxes below. If neither box is checked, this reference is treated confidentially.

I waive my right to view this letter of recommendation.

I reserve a right to view this letter of recommendation.

Please rate this applicant, as able, on each of the following items:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Do not know
Interacts well with peers						
Interacts well with superiors						
Accepts constructive feedback/suggestions well						
Performs work/solves problems independently						
Acts ethically and with integrity						
Utilizes effective verbal communication skills						
Manages stress appropriately						
Is organized in work performance						
Has an overall positive impact on others						
Demonstrates consistent attendance/punctuality						

I have known this applicant as his/her:

_____ employer/supervisor

_____ professor

I have known this applicant for:

_____ years

_____ months

My recommendation for this applicant in terms of admission to the nursing major is to:

_____ highly recommend

_____ recommend

_____ recommend with hesitation

_____ not recommend

Feel free to write any further comments. Thank you.

Name: _____

Date: _____

Position: _____