



Nursing Special Status Student Application

Application Directions and Information:

1. Return completed application and \$300.00 application fee to: **Samuel Merritt University, Office of Admission, 3100 Telegraph Avenue, Suite 1000, Oakland, CA 94609.** Include with your application a copy of the letter from the California Board of Registered Nursing indicating what course(s) you are required to take for RN licensure.
2. Admission is for the specified course(s) only and is not indicative of future admission to a Samuel Merritt University program.
3. There is no financial aid available for Special Status course(s) and the applicant must be prepared to pay the full cost of each course.
4. All information (unless indicated as optional), is required.

COURSE INTEREST

I am interested in enrolling in the following courses at Samuel Merritt University. Check all that apply.

<input type="checkbox"/> Managing Care of Adults I, II, and III (Medical Surgical Nursing) (Must enroll in all three courses.)	<input type="checkbox"/> Mental Health Nursing
<input type="checkbox"/> Maternity Nursing	<input type="checkbox"/> Community Health Nursing
<input type="checkbox"/> Pediatric Nursing	<input type="checkbox"/> Other (please specify)

CAMPUS PREFERENCE

Identify the SMU campuses at which you are available to complete your coursework. Check all that apply.

<input type="checkbox"/> Oakland	<input type="checkbox"/> Sacramento	<input type="checkbox"/> San Mateo
---	--	---

PERSONAL INFORMATION

Name (Last Name, First Name):		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address (Mailing Address):		
City:		
State:		
Zip:		
Email Address:		
Mobile Phone Number (with area code):		
Alternate Phone Number(with area code):		

Date of Birth:		
Country of Birth:		
Social Security Number:		
Are you a citizen or permanent resident of the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, what country?		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, explain on a separate sheet.		
-------------------------------------	--	--

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	
Emergency Contact Cell Phone:	
Emergency Contact Work Phone:	

EDUCATIONAL INFORMATION

Please indicate the name of the college or university where you received your nursing education:	
In what country was this college or university located?	
In what year did you complete your nursing education?	

WORK EXPERIENCE

Have you passed the NCLEX to become a Registered Nurse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, in what country are you a Registered Nurse?				
If you are a Registered Nurse in the United States, please indicate state of licensure:				
In your country of origin or in any country, has any state board ever restricted, suspended or revoked your license to practice nursing? If no, explain on a separate sheet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How many year(s) of work experience have you had as a Registered Nurse?	<input type="checkbox"/> None	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> More than 5 years
Please briefly explain what your work experience has been as a Registered Nurse. You may either respond in the provided space here or attach a separate prepared statement.				

OPTIONAL INFORMATION

The following information will not be used in the admission decision. It will be used for statistical purposes and planning.

Q1. Do you consider yourself to be of Hispanic/Latino origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q2. Which of the following best describes your race? Please check one or more races.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White	

SIGNATURE

I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be considered sufficient reason for refusal of this application.

Signature:	
Date:	