Application for Admission

BACHELOR OF SCIENCE IN NURSING (BSN)

Premier Health Sciences since 1909

www.samuelmerritt.edu
When you apply to Samuel Merritt University, your completed application will be carefully reviewed and evaluated on the following criteria:

- Grade point average
- TEAS scores
- Completion of specified prerequisites
- Letter of reference
- Experience in a healthcare environment (paid or volunteer)
- Community service activities
- Leadership experience
- Writing skills

Please see the SMU website for specific information on GPA requirements for BSN.

Please make a copy of this application before submitting it to Samuel Merritt University. This copy should be retained for your records.

### WHAT YOU NEED TO SEND US

It is very important that you send the following documents in one envelope by the priority application deadline to: Samuel Merritt University, Office of Admission, 3100 Telegraph Avenue, Suite 1000, Oakland, CA 94609.

- Completed application with $50 (non-refundable) application fee
- Letter of reference
- Copies of all college transcripts* (International Transcripts: All transcripts from foreign institutions must be translated and evaluated (for grade point average, semester units, letter grade, and prerequisite equivalence) by a credentials evaluation service prior to application. This evaluation should be submitted with your application.
- Completed prerequisite worksheet
- Required writing sample
- TOEFL score (if applicable). There are three statements regarding the use of the English language on the application designed to help us assess the need for a TOEFL. If an applicant responds to any one of these statements with a language other than English, the Test of English as a Foreign Language (TOEFL) will be required. A minimum TOEFL IBT (internet based test) score of 100, with a speaking score of 26, is required for those applying to the BSN program. A copy of your TOEFL score must be included with your application and an official score will be required later. The University may ask a student, regardless of academic background, length of time in the U.S., or country of citizenship or permanent residency, to take the TOEFL. This is an admission policy.

* Applications may be reviewed using unofficial transcripts, but official documents are preferred and will be required for accepted students prior to the start of classes.

### Grade Point Average Calculations and Course Repeat Policy:

- GPAs are calculated using a 4.0 scale.
- If a course has been repeated, only the most recent grade is used in the GPA.

### PRIORITY APPLICATION DEADLINES (Applications may be accepted after the deadline on a space-available basis)

#### FALL

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>March 1</th>
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<tr>
<td>Start of Program</td>
<td>late August or early September</td>
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All prerequisites must be completed by the end of the summer term.

#### SPRING

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>September 1</th>
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<tr>
<td>Start of Program</td>
<td>January</td>
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All prerequisites must be completed by the end of the fall term.
This application is good for only one term (Spring or Fall). Applications do not automatically carry over from term to term. Please select only one term per application.

**SPRING 20 ___ TERM**

**FALL 20 ___ TERM**

Have you previously applied for admission to Samuel Merritt University?  □ Yes  □ No

If yes, for what term? ______________________________________________________________________

How did you hear about Samuel Merritt University? __________________________________________

Who or what influenced you to apply for admission? ________________________________________

**PERSONAL INFORMATION**

Name__________________________________________  □ Mr.  □ Ms.

Name(s) that appear on educational records *(if different from above)__________________________

Cell phone (__________)_________________________  Alternate phone (__________)____________

Email *(please note that email is generally the primary method of communication with applicants)*

________________________________________________________________________________________

Prefered mailing address ____________________________________________________________

City ___________________________ State ___________ Zip ____________

Date of birth ___________________________ Country of birth _____________________________

Please respond to each of the following questions/statements.

Are you a citizen or permanent resident of the U.S.?  □ Yes  □ No  If no, what country? _________________

Have you ever been convicted of a felony?  □ Yes  □ No  If yes, please explain on a separate sheet.

Please state the one language you use most often for spoken (verbal) communication ________________

Please state the one language you use most often for written communication ________________

Please state the one language you are most comfortable reading ________________

Other languages which you speak *(please indicate the language and whether you are fluent or conversant)*

________________________________________________________________________________________

**TEST SCORE INFORMATION**

TOEFL score *(if applicable)_______________, Date taken ________________

TEAS scores  Date taken ________________  ADJUSTED INDIVIDUAL TOTAL SCORE  READING  MATH  SCIENCE  ENGLISH
**EDUCATIONAL BACKGROUND**

In chronological order, please list all colleges or universities attended and degrees attained (attach separate sheet if needed). Failure to list all colleges or universities renders this application incomplete and may be sufficient reason for denial of admission or disqualification.

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY</th>
<th>LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>MAJOR</th>
<th>DEGREE</th>
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**Please respond to each of the following questions/statements.**

Are you currently or have you ever been enrolled in a nursing program?  ☐ Yes  ☐ No

If yes, two additional written statements are required. The first must address your reasons for wishing to transfer nursing programs. The second statement must be from the Dean or Director of your previous nursing program indicating that you are academically and personally eligible to continue in their nursing program. Your application will not be processed without these two statements.

Do you have any of the following licenses or certifications? ____________________________

☐ RN  ☐ LVN  ☐ CNA  ☐ EMT  ☐ Other: ____________________________

**EMERGENCY INFORMATION** (required)

Person to notify in case of an emergency

NAME ____________________________

Address ____________________________

CITY ____________________________ STATE ZIP ____________________________

Home phone (____) ____________________________

Work phone (____) ____________________________

Cell phone (____) ____________________________

**ETHNIC BACKGROUND** (optional)

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

Do you consider yourself to be of Hispanic/Latino origin?

☐ Yes  ☐ No

Which of the following best describes your race? Please check one or more races.

☐ American Indian or Alaska Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian or other Pacific Islander

☐ White
WRITING SAMPLE FOR BSN

You are asked to submit one writing sample. This will be utilized in the admission decision process and you are encouraged to complete your statement carefully and thoughtfully.

What motivates you to pursue nursing as a profession? (1–2 pages)

OUR COMMITMENT TO YOUR RIGHTS

We are committed to your rights as a student and as an applicant to Samuel Merritt University. Therefore, we take seriously and adhere to the following policies:

Non-Discrimination Policy
Samuel Merritt University does not discriminate on the basis of sex, age, race, color, ethnic or national origin, handicap, religion, marital status, sexual orientation or status as a Vietnam-era veteran in the administration of employment, admission, financial aid, athletic or educational programs.

Family Educational Rights and Privacy Act of 1974
FERPA, or the Buckley Amendment, is a federal law designed to protect the privacy of a student's educational record. Without specific, written permission from you, the applicant to Samuel Merritt University, we will not discuss your application for admission with any other individual, except as provided within this Act.

SIGNATURE

I understand that all course prerequisites must be completed by the stated term. Official transcripts showing successful completion of all courses in progress or planned at the time of application must be received by the Office of Admission within 30 days of the start of the academic term. Failure to comply will result in dismissal from the program. If dismissal from the program occurs after the start of the term, I understand that I will be responsible for any financial obligations I have incurred as part of my attendance in the program. My signature indicates that I understand and agree to this procedure.

Finally, I certify that all 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 admission or dismissal from the program.

Return application, non-refundable fee, writing sample, letter(s) of recommendation and copies of all transcripts in one envelope to: Samuel Merritt University, Office of Admission, 3100 Telegraph Avenue, Suite 1000, Oakland, CA 94609.

Please make a copy of this application before submitting it to Samuel Merritt University. This copy should be retained for your records.
Prerequisite Worksheet

Applicant name ____________________________

Prerequisites must have been completed with a grade of “C-” or better, when letter grades are assigned. Science prerequisites must have been offered by a science department or designated for health profession majors. Prerequisite coursework in progress or planned must be included on this worksheet. As a guideline, all coursework should be transferable to the University of California. If any changes are made to courses in progress or planned, please contact the Office of Admission. Changes may effect an offer of admission.

GENERAL STUDIES:

<table>
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<tr>
<th>COURSE NUMBER &amp; TITLE</th>
<th>INSTITUTION</th>
<th>COMPLETION DATE</th>
<th>SEMESTER UNITS</th>
<th>QUARTER UNITS</th>
<th>LETTER GRADE</th>
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<td>English Composition</td>
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<td>English Literature</td>
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<td>General Psychology</td>
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<td>General Sociology or Cultural Anthropology</td>
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<td>Interpersonal Communication</td>
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<td>Lifespan Human Development or Lifespan Psychology</td>
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<tr>
<td>Statistics</td>
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<td>Nutrition</td>
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<td>Fine Arts Class</td>
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<td>Introduction to Philosophy or Introduction to Ethics or Introduction to Bioethics course</td>
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<td>$ additional Humanities course</td>
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<td>United States History course</td>
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<td>Modern World History</td>
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<tr>
<td>Course in Diversity or Ethnic Studies</td>
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SCIENCES:

<table>
<thead>
<tr>
<th>COURSE NUMBER &amp; TITLE</th>
<th>INSTITUTION</th>
<th>COMPLETION DATE</th>
<th>SEMESTER UNITS</th>
<th>QUARTER UNITS</th>
<th>LETTER GRADE</th>
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<tr>
<td>Chemistry with lab (4 semester units or 6 quarter units)</td>
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<tr>
<td>Human Anatomy with lab</td>
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<td>Human Physiology with lab</td>
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<td>Microbiology with lab</td>
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SIGNATURE

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SIGNATURE ____________________________ DATE ____________
Letter of Reference

Please type or print clearly with a pen.

TO THE APPLICANT: Information should address your academic preparation for study in a rigorous, accelerated program and your potential as a nurse. Please duplicate this form as needed. Your letters of reference (in a sealed envelope with the signature of the person writing the reference across the seal of the envelope) must accompany your application. You are responsible for making sure all references are received in a timely manner.

Applicant name ________________________________________________________________

TO THE REFERENCE: This reference is confidential and will be used only in the admission process as additional information about the applicant. It will be destroyed before the student's permanent file is compiled. There are two parts to this letter of reference. The provided table allows you to rate the applicant in relation to his/her peers on a variety of characteristics. Additionally, we would request that you provide a letter on the applicant’s behalf (letters done on a computer are preferred). Please return this reference letter to the applicant in a sealed envelope (sign name across seal of the envelope) to include with his/her application.

How long have you known the applicant and in what capacity? ________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

PART 1: In relation to her/his peers, please rate the applicant on the following characteristics:

<table>
<thead>
<tr>
<th></th>
<th>EXCEPTIONAL</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>UNKNOWN</th>
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<tbody>
<tr>
<td></td>
<td>TOP 10%</td>
<td>TOP 25%</td>
<td>TOP 50%</td>
<td>LOWER 10%</td>
<td>UNKNOWN</td>
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<td>Academic preparation</td>
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<td>Motivation and commitment to learning</td>
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<td>Discipline and ability to set priorities</td>
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<td>Interpersonal skills (cultural sensitivity, empathy)</td>
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<td>Oral communication skills</td>
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<td>Leadership abilities</td>
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<td>Critical thinking</td>
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<td>Clinical expertise (if applicable)</td>
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<td>Nursing potential</td>
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<td>Integrity</td>
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OVER PLEASE
PART 2: Please use a computer for this letter. While you are welcome to address any areas you wish, we would find information on the following areas to be of the most help to us.

→ The applicant’s interpersonal skills, especially communication, leadership, and ability to function in an interdisciplinary manner with others

→ Information about the applicant’s strengths, qualifications, traits and/or accomplishments that you feel significantly demonstrates his/her ability to be successful in a competitive and rigorous program

→ Discuss the applicant’s potential to be a competent, caring, and ethical healthcare professional

→ The applicant’s clinical expertise and judgment (if applicable)

On the basis of your knowledge of the applicant, please indicate the strength of your recommendation:

☐ Enthusiastically recommend

☐ Recommend

☐ Do not recommend

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<th>SIGNATURE</th>
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<td>TYPE OR PRINTED NAME</td>
<td>TITLE</td>
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<td>SCHOOL/ORGANIZATION</td>
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<td>WORK EMAIL</td>
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**MISSION**
Samuel Merritt University educates students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities.

**VISION**
Samuel Merritt University will become nationally recognized as a premier, multi-specialty health sciences institution. Expert faculty and staff will shape an inclusive learning environment where all students experience best teaching practices and state of the art learning approaches. The University will select and support students who will flourish in its rigorous academic programs, learn to practice expertly, and pass licensure or certification examinations on first attempt.

**VALUES**
A *learning* environment where we challenge ourselves and our students to think critically, seek mastery, and act compassionately;

A *collegial* environment where we are fair, respectful, and behave with integrity;

A *collaborative* environment where we partner with one another and with others in the community;

An *innovative* environment where we take reasoned risks and move nimbly;

A *results-oriented* environment where we provide and expect exceptional performance and service.