

SAMUEL MERRITT COLLEGE

Application for Admission

MSN ONLINE PROGRAM



NATIONALLY RECOGNIZED AS A PREMIER HEALTH SCIENCES INSTITUTION

www.samuelmerritt.edu

SAMUEL MERRITT COLLEGE

TO BE CONSIDERED FOR ADMISSION

- Complete the Application for MSN Online Program
- Submit \$50 (non refundable) application fee with checks made payable to Samuel Merritt College
- Attach an unofficial or official transcript of all colleges attended. Applications may be reviewed using unofficial transcripts, but official transcripts will be required prior to the start of classes.
- Copy of RN license for current state of residence
- Copy of picture ID
- One letter of recommendation is required
- An additional letter verifying 4,000 hours of clinical experience in the past 5 years is also required

MISSION

Samuel Merritt College educates students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities.

VISION

Samuel Merritt College 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 College 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.

Application for Admission

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Please type or print clearly with a pen.

MSN ONLINE PROGRAM

For which term and year are you applying?

- FALL 20** ____
- SPRING 20** ____
- SUMMER 20** ____

Please indicate whether you are interested in full time or part time enrollment ?

- FULL TIME**
- PART TIME**

How did you hear about the MSN Online Program at Samuel Merritt College?

PERSONAL INFORMATION

Name _____ Mr. Ms.

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

Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

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

Preferred mailing address ^{STREET} _____

CITY _____ STATE _____ ZIP _____

Date of birth _____ Country of birth _____

Social Security Number _____

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.

Has any state board ever denied or revoked your professional license?

Yes No If yes, please explain on a separate sheet.

SAMUEL MERRITT COLLEGE

EMERGENCY INFORMATION (required)

Person to notify in case of an emergency

NAME _____

Home phone () _____

Work phone () _____

Cell phone () _____

OPTIONAL INFORMATION

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

ETHNIC BACKGROUND:

- Black/African American
- Asian American/Pacific Islander
- Hispanic/Latino
- American Indian/Alaskan Native
- White/Caucasian (non-Hispanic)
- Other (*please specify*) _____

PROCTOR CONTACT INFORMATION

A proctor is the person in your geographic area who has agreed to receive and administer course examinations. Examples of possible proctors include a faculty member at a local college/university or a librarian in your community.

Name _____ Home phone () _____

Address _____ Work phone () _____

City _____ State _____ Zip _____ Cell phone () _____

Organization _____

Title _____

Work Email Address _____

EDUCATIONAL/PROFESSIONAL INFORMATION

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

COLLEGE/UNIVERSITY & LOCATION	DATES OF ATTENDANCE	MAJOR	DEGREE

COLLEGE/UNIVERSITY & LOCATION	DATES OF ATTENDANCE	MAJOR	DEGREE
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Baccalaureate received from:

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Highest degree attained (if different from above):

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Agency that issues your advanced practice certification _____

Date current certification issued _____

STATISTICS REQUIREMENT (3 semester units)

COURSE NUMBER & TITLE	INSTITUTION	COMPLETION DATE	SEMESTER / QUARTER UNITS	LETTER GRADE

LICENSING

Registered Nurse License Number (Please enclose a photocopy) _____

Expiration Date _____ State _____ Licensing Board Phone Number _____

Advanced Practice Nursing Certification: CRNA NP CNM CNS

Certification Number _____

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

Return application to: Samuel Merritt College, Office of Admission, 370 Hawthorne Avenue, Oakland, CA 94609.



09/07

SAMUEL MERRITT COLLEGE

Office of Admission

370 Hawthorne Avenue
Oakland, CA 94609

PHONE 800.607.6377
PHONE 510.869.6576

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EMAIL admission@samuelmerritt.edu

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