

SAMUEL MERRITT UNIVERSITY

Application for Admission

ACCELERATED BACHELOR OF SCIENCE IN NURSING



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 (last 60 sem units and science)
- TEAS scores
- Completion of specified prerequisites
- Two letters of reference
- Experience in a health care environment (paid or volunteer)
- Community service activities
- Leadership experience
- Writing skills

Admission to the nursing program is competitive. For ABSN, a minimum cumulative GPA based on the most recent 60 semester units of 3.0 is required; a science GPA (prerequisites only) of 3.0 is also required.

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, 370 Hawthorne Avenue, Oakland, CA 94609.**

- Completed application with \$50 (non-refundable) application fee
- Two letters 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
- 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 with a score of 100 or higher (Internet Based TOEFL). 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.
- Test of Essential Academic Skills (TEAS). The minimum Adjusted Individual Total Score required is 78.7; we will not 'round' scores. The minimum score will be adjusted on June 1 of each year. Because the scores are adjusted every June 1, your test date will determine the minimum score required. Sub-section scores may be established in the future. The TEAS is used as part of the application review process. Therefore, all applicants must have TEAS scores on file by the application deadline date. Applications will not be reviewed without a TEAS score.

** 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)*

SPRING

SACRAMENTO	
Application Deadline	July 1
Start of Program	January

*All prerequisites must be completed by the end of the fall term.**

SAN MATEO	
Application Deadline	July 1
Start of Program	January

*All prerequisites must be completed by the end of the fall term.**

SUMMER

SAN FRANCISCO	
Application Deadline	November 1
Start of Program	April

*All prerequisites must be completed by the end of the fall or winter term.**

OAKLAND	
Application Deadline	November 1
Start of Program	May

*All prerequisites must be completed by the end of the fall or winter term.**

SAN MATEO	
Application Deadline	November 1
Start of Program	June

*All prerequisites must be completed by the end of the spring term.**

FALL

SAN FRANCISCO	
Application Deadline	March 1
Start of Program	November

*All prerequisites must be completed by the end of the summer term.**

* Exceptions may be considered if:
A prerequisite course is being completed at Samuel Merritt University.

Application for Admission

SAMUEL MERRITT UNIVERSITY ACCELERATED BACHELOR OF SCIENCE IN NURSING

Please type or print clearly with a pen.

This application is good for only one term (Spring, Summer or Fall). Applications do not automatically carry over from term to term. Please select only one term per application.

SPRING 20 ____ TERM	SUMMER 20 ____ TERM	FALL 20 ____ TERM
Please indicate which campus is your 1st choice and 2nd choice: <input type="checkbox"/> Sacramento <input type="checkbox"/> San Mateo <i>Indicate 1 or 2.</i>	Please indicate which campus is your 1st, 2nd and 3rd choice: <input type="checkbox"/> San Francisco <input type="checkbox"/> Oakland <input type="checkbox"/> San Mateo <i>Indicate 1, 2 or 3.</i>	<input type="checkbox"/> San Francisco

While preference in assignment of campus location will be taken into consideration, final campus location assignment is an administrative decision and will be made by Samuel Merritt University. Please list a 2nd and/or 3rd choice campus only if it is a realistic option for you.

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) _____

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.

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 score Date taken _____

ADJUSTED	INDIVIDUAL	TOTAL SCORE	READING	MATH	SCIENCE	ENGLISH
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EMERGENCY INFORMATION (required)

Person to notify in case of an emergency

NAME _____

Address ^{STREET} _____

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

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.

COLLEGE/UNIVERSITY	LOCATION	DATES OF ATTENDANCE	MAJOR	DEGREE

Please provide details about your bachelor's degree:

Degree received from: _____

Date of degree: _____ Type of degree: BA BS Other: _____

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: _____

WRITING SAMPLES

As part of the application process you are asked to provide an original writing sample of one to two pages. This will be utilized in the admission decision process and you are encouraged to complete your statement carefully and thoughtfully.

ABSN

What motivates you to pursue nursing as a profession? What prepares you to study in the accelerated academic environment of the ABSN program?

PROFESSIONAL OR VOLUNTEER WORK EXPERIENCE

On a separate sheet of paper, please describe your professional or volunteer work experiences. We are particularly interested in recent (within the past five years) experiences that are related to the health care field and have contributed to your interest in nursing. If you feel a current resume adequately addresses this, please feel free to include a copy.

SERVICE AND LEADERSHIP

On a separate sheet of paper, please elaborate on any community or school activities, academic honors, relevant continuing education courses, publications, etc. that you would like us to consider in evaluating your application.

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.

I also understand that while preference in assignment of campus location will be taken into consideration, final campus location assignment is an administrative decision and will be made by Samuel Merritt University.

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.

SIGNATURE

DATE

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, 370 Hawthorne Avenue, 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

Please type or print clearly with a pen.

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:

COURSE NUMBER & TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE
English Composition COURSE NUMBER & TITLE					
English Literature COURSE NUMBER & TITLE					
Interpersonal Communication (<i>public speaking not acceptable</i>) COURSE NUMBER & TITLE					
General Sociology or Cultural Anthropology COURSE NUMBER & TITLE					
Social Science Elective COURSE NUMBER & TITLE					
Statistics COURSE NUMBER & TITLE					
Lifespan Human Development or Lifespan Psychology COURSE NUMBER & TITLE					
Nutrition COURSE NUMBER & TITLE					

SCIENCES:

COURSE NUMBER & TITLE	INSTITUTION	COMPLETION DATE	SEMESTER UNITS	QUARTER UNITS	LETTER GRADE
Human Anatomy with lab COURSE NUMBER & TITLE					
Human Physiology with lab COURSE NUMBER & TITLE					
Microbiology with lab COURSE NUMBER & TITLE					
Chemistry with lab (<i>4 semester or 6 quarter unit minimum required</i>) COURSE NUMBER & TITLE					

ADDITIONAL COURSES:

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

SIGNATURE

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Letter of Reference

Please type or print clearly with a pen.

SAMUEL MERRITT UNIVERSITY

ACCELERATED BACHELOR OF SCIENCE IN NURSING

TO THE APPLICANT: Two letters are required. 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) may accompany your application (preferred) or may be sent directly from the reference to Samuel Merritt University. 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. You may also mail the reference directly to: Samuel Merritt University, Office of Admission, 370 Hawthorne Avenue, Oakland, CA 94609.

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:

	EXCEPTIONAL TOP 10%	ABOVE AVERAGE TOP 25%	AVERAGE TOP 50%	BELOW AVERAGE LOWER 10%	UNKNOWN
Academic preparation					
Motivation and commitment to learning					
Discipline and ability to set priorities					
Interpersonal skills (<i>cultural sensitivity, empathy</i>)					
Oral communication skills					
Leadership abilities					
Critical thinking					
Clinical expertise (<i>if applicable</i>)					
Nursing potential					
Integrity					

OVER PLEASE

Letter of Reference

SAMUEL MERRITT UNIVERSITY
ACCELERATED BACHELOR OF SCIENCE IN NURSING

PART 2: Please use a word processor 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 health care 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

SIGNATURE	DATE
TYPED OR PRINTED NAME	TITLE
SCHOOL/ORGANIZATION	WORK PHONE
WORK EMAIL	

Letter of Reference

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SAMUEL MERRITT UNIVERSITY

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.



06/09

SAMUEL MERRITT UNIVERSITY

Office of Admission

370 Hawthorne Avenue
Oakland, CA 94609

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