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

Please type or print clearly with a pen.

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 ____________________________

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.
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) ______________________

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.

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY &amp; LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>MAJOR</th>
<th>DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## COLLEGE/UNIVERSITY & LOCATION

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY &amp; LOCATION</th>
<th>DATES OF ATTENDANCE</th>
<th>MAJOR</th>
<th>DEGREE</th>
</tr>
</thead>
</table>

Baccalaureate received from:

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Highest degree attained (if different from above):

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Agency that issues your advanced practice certification

Agency that issues your advanced practice certification

Date current certification issued

Date current certification issued

## STATISTICS REQUIREMENT (3 semester units)

<table>
<thead>
<tr>
<th>COURSE NUMBER &amp; TITLE</th>
<th>INSTITUTION</th>
<th>COMPLETION DATE</th>
<th>SEMESTER / QUARTER</th>
<th>LETTER GRADE</th>
</tr>
</thead>
</table>

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## LICENSING

Registered Nurse License Number (Please enclose a photocopy)

Registered Nurse License Number (Please enclose a photocopy)

Expiration Date __________ State __________ Licensing Board Phone Number ________________

Expiration Date __________ State __________ Licensing Board Phone Number ________________

Advanced Practice Nursing Certification:  

- [ ] CRNA   
- [ ] NP    
- [ ] CNM     
- [ ] CNS

Certification Number ________________________________

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

SIGNATURE ________________________________ DATE

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