Samuel Merritt University Alumni Application | Academic Year 2023-2024

This application is used only for SMU Alumni and current students applying for another SMU program for the Academic Year 2023-2024.

* Required	
* This form will record your name, please fill your name.	
1. First Name *	
i. riist Name "	
2. Middle Name *	
3. Last Name *	

4.	Date of birth *		
		:::	
5.	Current address *		
6.	Phone number *		
7.	Personal Email Address *		
8.	SMU Email Address *		

9.	SMU Program Completed *	
	○ ABSN	
	○ BSN	
	RN to BSN	
	○ MSN	
	Other	
10.	Grade point average (GPA) in BSN or MSN program *	
11.	Program of Interest *	
	DNP - Post-Master's (online)	
	ONP - FNP	
	ONP - PMHNP	
12.	Degree Conferral Date *	
		

13.	Pref	erred Start Date *
	\bigcirc	Spring 2024
	\bigcirc	Summer 2024
	\bigcirc	Fall 2024
14.	Hav	e you received financial aid in prior academic years? *
	\bigcirc	Yes
	\bigcirc	No
15.	Hav	e you ever obtained a scholarships before? *
	\bigcirc	Yes
	\bigcirc	No
16.		License # * se upload copy of RN License
	<u></u>	
		number limit: 1 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio
17.	Curr	rent Employer *

Current CV/Resu	ıme *			
↑ Upload file				
File number limit: 1	Single file size limit: 1GB	Allowed file types: Word,	Excel, PPT, PDF, Image, Video, Audio	
Letters of Recon	nmendation (2 letters	needed)		
	, .,		to participate in a Doctoral	
↑ Upload file				
File number limit: 2	Single file size limit: 1GB	Allowed file types: Word,	Excel, PPT, PDF, Image, Video, Audio	
Transcripts *				
		olicable) transcripts if you h	ave completed additional courses, <i>after</i>	
↑ Upload file				
File number limit: 1	Single file size limit: 1GB	Allowed file types: Word,	Excel, PPT, PDF, Image, Video, Audio	
Personal Statem	ent *			
			ole of applicant scholarship (academic	
	↑ Upload file File number limit: 1 Letters of Recon Letters should exprogram, attestiv ↑ Upload file File number limit: 2 Transcripts * Please provide unot completion of your ↑ Upload file File number limit: 1 Personal Statem Example of Applicar	File number limit: 1 Single file size limit: 1GB Letters of Recommendation (2 letters Letters should exemplify work ethic an program, attesting to your academic a Tupload file File number limit: 2 Single file size limit: 1GB Transcripts * Please provide unofficial BSN and MSN (if approximately completion of your SMU program. Tupload file File number limit: 1 Single file size limit: 1GB Personal Statement * Example of Applicant Scholarship: Please provides	File number limit: 1 Single file size limit: 1GB Allowed file types: Word, Letters of Recommendation (2 letters needed) Letters should exemplify work ethic and educational abilities program, attesting to your academic and clinical expertise. * Tupload file File number limit: 2 Single file size limit: 1GB Allowed file types: Word, Transcripts * Please provide unofficial BSN and MSN (if applicable) transcripts if you h completion of your SMU program. Tupload file File number limit: 1 Single file size limit: 1GB Allowed file types: Word, Personal Statement *	File number limit: 1 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio Letters of Recommendation (2 letters needed) Letters should exemplify work ethic and educational abilities to participate in a Doctoral program, attesting to your academic and clinical expertise. * Tupload file File number limit: 2 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio Transcripts * Please provide unofficial BSN and MSN (if applicable) transcripts if you have completed additional courses, after completion of your SMU program. Tupload file File number limit: 1 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio Personal Statement * Example of Applicant Scholarship: Please provide a representative example of applicant scholarship (academic

22. Goal State	2. Goal Statement *	
will further o	rate on how the DNP degree will advance your professional goals. Describe how the DNP program evelop your clinical practice and/or practice leadership, including references to your previous and dership activities. Also include an example of a professional practice project topic that could be a r DNP program of study.	
	d you recommend that could benefit from a Career Planning Session with an Counselor at Samuel Merritt University? (Refer a Friend w/ Contact # or Email) *	
24. Are you ar	n International Student? *	
Yes		
No		
25. Military St	atus *	
O NONE		
Active	Duty	
Reserv	e or National Guard	
Vetera	n	
O Depen	dent of Veteran (Spouse/Child/Dependent)	

26.	What gender do you identify as?
	Sex is a label that you're assigned by a doctor at birth based on the appearance of the reproductive anatomy you're born with. Intersex is an umbrella term for variations in sex traits or reproductive anatomy. Nonbinary people have gender identities and/or gender expressions that do not align with the traditional, dominant societal norms for their assigned sex, is beyond genders, or is some combination thereof.
	Woman
	○ Man
	Nonbinary
	Gender Non-Conforming
	Prefer not to disclose
27.	Acknowledgement Statement *
	As an applicant to the nursing profession, I pledge to act with honesty, respect, and integrity throughout the admission process when interacting with school admissions officers, admission committees, and Samuel Merritt University faculty and staff. I will communicate in a professional manner throughout the admissions process when interacting with Samuel Merritt University faculty and staff.
	Indicate your understanding and acceptance of the terms described above by selecting "Yes".
	By selecting Yes, you authorize Samuel Merritt University to release parts of your application and application status to pre-health advisors and advisory committees at schools you previously attended.
	○ Yes
28.	Signature

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