

100 Saint Anselm Drive, Manchester, NH 03102-1310 Phone (603) 641-7500 1(888) 4ANSELM Fax (603) 641-7550 admission@anselm.edu www.anselm.edu

RN-to-BSN APPLICATION

Type or print in ink and give full information. Return this form as soon as possible with a \$50 check, payable to Saint Anselm College, for the nonrefundable application fee. Please mail your completed application to Saint Anselm College, Office of Admission, 100 Saint Anselm Drive Manchester NH 03102

Entrance for T	Term Beginning	☐ January Entrance		Fall Entrance	☐ Summer Entrance			
GENERAL DA	ΓΑ							
Legal Name_						Gender	□ Male	□ Female
<u> </u>	LAST	FIRST		MIDDLE				
	PREFEI	R TO BE CALLED (NICKNAME)			Social Security #	-		
Home Address	8							
				ГАТЕ	COUNTRY			TAL CODE
Home Phone_		E-mai	il Address_					
Mailing Addre	ess	NUMBER & STREET		CAMPA O OTRA ME		av.		
				CITY & STATE		ZIP		
		M						
Date of Birth_		Pl	CIT	CITY, STATE & COUNTRY				
Citizenship	□ U.S.					.,		
Citizensnip								
	□ Other	COUNTRY		Visa Type	(SUBMIT A COF	Y OF YOUR A	LIEN REGISTE	RATION CARD)
Have you appl	ied for admission to	o Saint Anselm College p	reviously?					
Do you intend	to be a full-time st	udent? □ Yes □ No						
Do you intend	to apply for need-l	oased financial aid? 🛘 Ye	es 🗆 No					
RACE/ETHNIC								
	spanic/Latino? Danic or Latino (inc	luding Spain) No	If ves	, please describe yo	our hackground			
□ 103, 1113р	dance of Eatino (inc	adding Spains — No	II yes,	, picase describe ye	our background			
2. Regardless background		he prior question, please	indicate hov	v you identify your	rself. (Check one	or more a	nd describe	e your
	n Indian or Alaska Enrolled? □ Yes	Native (including all Orig □ No If yes, plea		of the Americas) oal Enrollment Nur	mber			
☐ Asian (in	cluding Indian subo	continent and Philippines)	□ Native Haw	aiian or Other I	Pacific Islaı	nder (Origi	nal Peoples)
\square Black or African American (including Africa and Caribbean) \square White (including Middle Ea								
☐ Black or								
	RMATION							
FAMILY INFO		· friends who attend, have	e attended, o	or have been associ	iated with Saint	Anselm Co	ollege in so	me capacity.
FAMILY INFO Please list any	of your relatives or	· friends who attend, hav					_	

EDUCATION				
College/University_				Country
The institution is:				
College/University_				
				Country
				Degree(s) Earned
The institution is:	□ two-year	□ four-year	☐ foreign	
College/University_				
				Country
From (month/year)_		To (mon	ith/year)	Degree(s) Earned
The institution is:	□ two-year	☐ four-year	☐ foreign	
College/University				
				Country
				Degree(s) Earned
The institution is:	□ two-year	☐ four-year	☐ foreign	
College/University_				
From (month/year)_		To (mon	nth/year)	Degree(s) Earned
The institution is:	□ two-year	□ four-year	☐ foreign	
Secondary school	from which you	ı graduated:		
				StateCountry
Dates of Attendance	e: From (month	n/year)		To (month/year)
What factor was n	nost influential	in your decision	n to apply to	the Saint Anselm College RN-to-BSN program?
		•		
Goal Statement				
				paced, and typewritten.
goals?	lowing question	n: wny are you o	choosing to of	btain a baccalaureate degree in nursing? What are your long term career
Summary of Nursi	ng Evnerience			
Provide a written s	summary of the			ave held within the past 5-10 years. Describe the type of clinical setting
(facility and popul information would				staff nurse, manager), and number of years in the position. A table with the esume.
ALL APPLICANTS	-			
I hereby authorize				tween my home and host institutions. My signature below indicates that a
				nplete, factually correct, and honestly presented.
Signature of Annli	icant			Date

 $All \ qualified \ students \ are \ eligible \ for \ admission \ to \ Saint \ Anselm \ College \ regardless \ of \ race, \ color, \ age, \ sex, \ handicap, \ or \ national \ origin.$