

Post-secondary Education: List all formal education beyond high school.

Date		Name of Institution	City & State	Major	Credits or Degree Earned
From	To				

Have you ever taken the TEAS® exam? Yes No

If so, when and where was exam taken? _____

If not, please enter date requested for TEAS® exam (from form included): _____

\$50 Payment for TEAS® exam is included Payment to be made at time of exam

Employment: List your most recent work experiences, both full and part-time, beginning with the present.

Date		Title of Position	Employer	City & State
From	To			

Have you previously applied for admission to this school?

Yes No Which program? _____ Date: _____

Will you be applying for financial aid or a student loan? Yes No

When do you desire to enter? _____

Please list names and addresses of three persons, **not related to you**, who know you and can give information about you. These persons may include a recent instructor, counselor, employer, or clergyman.

1. Name: _____ Position/Title: _____

Address: _____

2. Name: _____ Position/Title: _____

Address: _____

3. Name: _____ Position/Title: _____

Address: _____

Enclosed are three Personal Evaluation forms for you to give to the persons you list above. Applicants for whom these forms are reviewed are free to determine whether or not they wish to waive their potential right to examine the content of the evaluation. We request, **but do not require**, that you read and execute the waiver found on the front of each form.

All of the information on this application is true and complete to the best of my knowledge.

_____ Date

_____ Signature

Please complete the following survey for our information:

How did you hear about St. Joseph School of Nursing?

Newspaper Which one? _____

Internet

Word of mouth

Graduate

Employer

New Hampshire Board of Nursing

School Which one? _____

Other Please specify _____

