

# OAKWOOD UNIVERSITY

## DEPARTMENT OF NURSING APPLICATION FOR ADMISSION B.S. Completion Program

\_\_\_\_\_ Fall 200 \_\_\_\_/Spring 200\_\_\_\_  
Date of Application Planned Semester for Admission

\_\_\_\_\_  
Name Last First Middle Social Security

\_\_\_\_\_  
Present or On-campus Address City State Zip Code

\_\_\_\_\_  
Permanent Address City State Zip Code

( ) \_\_\_\_\_  
Local Telephone Birth Date

( ) \_\_\_\_\_  
Home Telephone Email Address

Single\_\_\_ Married\_\_\_ No. children\_\_\_ Separate\_\_\_ Divorced\_\_\_ Widow(er)\_\_\_

\_\_\_\_\_  
Previous RN Program Year of Graduation

Previous Work Experience in Nursing

\_\_\_\_\_  
Employer Clinical Area

\_\_\_\_\_  
Employer Clinical Area

References:

Send reference forms to the person qualified to give pertinent information as to your potential professional qualifications. You may include a teacher, and individual in a health profession, your employer or other similar professional person (DO NOT INCLUDE A RELATIVE). You are responsible for seeing that these references are completed and sent to the individuals you select.

\_\_\_\_\_  
Name Address City State Zip Code

\_\_\_\_\_  
Name Address City State Zip Code

\_\_\_\_\_  
Name Address City State Zip Code

\_\_\_\_\_  
Signature Date

## PERSONAL STATEMENT:

Please discuss the following items in essay form in the order given. This presentation will be evaluated on the basis of composition, clarity of thought and sequence of ideas. Respond to all areas listed. Use additional paper if necessary.

1. Discuss the development of your interest in nursing; how your background and experience played a part in this development.
2. Describe your personal characteristics as they influence your individual and group interactions with particular emphasis on your personality, life interests (hobbies, sports, studies) and characteristics.
3. Discuss your personal goals and how a B.S. can help you achieve those goals.

# **OAKWOOD UNIVERSITY**

DEPARTMENT OF NURSING  
APPLICATION FOR ADMISSION  
B.S. Completion Program

\_\_\_\_\_  
Last (Applicant's Name) First

\_\_\_\_\_  
Recommender (Please Print)

To the applicant: Under the Federal law entitled the Family Education Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are a greater utility in the assessment of a student's qualifications, abilities and promise.

A signature is required for either statement A or statement B below, indicating waiver of right to inspect this letter of reference.

- A. I have waived by right to inspect this letter of reference and hereby inform referent that this letter will be kept strictly confidential.

\_\_\_\_\_  
Applicant's Signature      Date

- B. Referent is advised that I have retained my right to inspect this letter of reference and that, upon enrollment I may have access to this recommendation.

\_\_\_\_\_  
Applicant's Signature      Date

NOTE TO RECOMMENDER: You have been requested to complete this reference form. Your frank appraisal will assist in evaluating the applicant's qualifications. Please return the form as soon as possible. If you do not wish to evaluate this applicant, please indicate on item 8 and return the form. Applicant will be contacted to request an additional recommendation.

1. In what capacity and for how long have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. Describe observed strengths or weaknesses, evidence of maturity or immaturity.
  
  
  
  
  
  
  
  
  
  
3. Do you have reason to believe that the applicant has worthy and realistic professional goals? If not please explain.

(over please)

4. Do you believe that a conservative Christian lifestyle is important to the applicant, and that he/she supports the standards of his/her church?
  
5. Please describe any personality, physical, or emotional characteristics that you feel may be important to the applicant's success in a professional program.
  
6. If you have other information that you feel would be significant in the evaluation of the applicant's qualifications, please provide that information in the space below.
  
7. In consideration of the total perspective, please give a final evaluation. If there are reservations, please explain.  
  

<input type="checkbox"/> Highly recommended	<input type="checkbox"/> Recommended
<input type="checkbox"/> Some reservations	<input type="checkbox"/> Not recommended
  
8. \_\_\_\_\_ I do not feel that I can adequately evaluate this candidate and would prefer that the candidate seek a recommendation from another individual.

PLEASE RETURN THIS FORM TO:

Department of Nursing  
Oakwood University  
Huntsville, AL 35896

Signature \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

RETURN Immediately

---

Applicant's Signature

Date

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 Address \_\_\_\_\_  
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RETURN Immediately

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Applicant's Signature

Date