

If you are interested in attending clinical rotations in Springfield, please check the above box. If checked, you will be considered for admission into the Springfield cohort only.

Supplemental Admission Application – Accelerated Option – AUGUST 2014

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address (note: Decision letters will be sent to this address) Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ Cell Phone: () _____

E-mail Address: _____

SIUE ID# _____

Education/Transcript Information – List All Colleges/Universities Attended

School: _____ City/State: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

School: _____ City/State: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

School: _____ City/State: _____
YES NO

From: _____ To: _____ Did you graduate? Degree: _____

References

*Please list the names and professional titles of two (2) people that will recommend you for admission. These individuals are asked to complete the reference forms on the applicant's behalf.***

Full Name: _____ Professional Title: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Professional Title: _____

Company: _____ Phone: () _____

Application deadline for the Accelerated Option is April 1, 2014 for August 2014 enrollment.

Students who meet and exceed all admission standards will be admitted on a rolling basis until the Option is full.

Admitted students will be required to pay a **non-refundable** Advance Deposit fee of \$175 which will be applied to the student's tuition billing for fall enrollment. If the student does not attend, the fee is forfeited.

The applicant is advised that open and candid disclosures of their past or ongoing criminally actionable acts are strongly encouraged. Failure to adhere to an honest personal disclosure of past or ongoing acts may affect a student-applicant's ability to apply for or take the professional nursing licensing examination in a state or affect that state's Board of Nursing or Professional Regulation Board from granting the requisite license.

Signature/Certification

I certify with the inclusion of my signature that the information provided in this application and any supporting documentation is complete and accurate to the best of my knowledge. I also understand that any falsified or omitted information may disqualify me from admission consideration.

Applicant's Signature

Date

Please return completed application and all supporting documentation to:
Southern Illinois University Edwardsville
School of Nursing
Campus Box 1066
Edwardsville, IL 62026
Office: 618-650-3956
Fax: 618-650-3854

The SIUE Annual Security and Fire Safety Report is available online at www.siu.edu/securityreport. The report contains campus safety and security information and crime statistics for the past three calendar years and fire safety policies and fire statistics for the previous calendar year. This report is published in compliance with Federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" and the Higher Education Opportunity Act also known as the "Campus Fire Safety Right to Know." For those without computer access, a paper copy of the report may be obtained from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.