

BACHELOR OF SCIENCE_{IN} NURSING PROGRAM

GRAND RAPIDS

APPLICATION FOR ADMISSION

Submit a free on-line application at www.aquinas.edu/admissions/undergraduate



Located on the campus of

Aquinas College
1607 Robinson Road, SE
Grand Rapids, MI 49506
800.678.9593
616.632.2900

www.aquinas.edu
admissions@aquinas.edu

University of Detroit Mercy
Bachelor of Science in Nursing degree
offered in collaboration with Aquinas College
and Saint Mary's Health Care, Grand Rapids

BACHELOR OF SCIENCE IN NURSING - GRAND RAPIDS
APPLICATION FOR ADMISSION
FRESHMEN AND TRANSFER STUDENTS*

Name _____ Social Security Number _____
Last First Middle

Current Mailing Address _____ Telephone _____ Cell _____
(For all admissions correspondence) (Area Code) (Area Code)

E-mail Address _____ Name of Parish/Church _____

City _____ State _____ Zip _____ County or Province _____

Sex* _____ Birth Date* _____ Marital Status* _____ Maiden Name* _____ Religious Preference* _____

Are you a U.S. Citizen? Yes No If no, what country? Resident Alien Non-Resident Alien
Refugee Green Card Holder

Race/Ethnicity* White/Non-Hispanic American Indian/Alaskan Native Black/Non-Hispanic
Asian/Pacific Islander Hispanic Chicano/Non-Hispanic

NOTE: If you are multiracial, please complete this item by indicating either the ethnic/racial group you identify with most or the ethnic/racial group to which you are usually regarded in the community as belonging.

Are you multiracial*? Yes No

If you answer yes, please check the categories that correspond to the races of your parents*

White/Non-Hispanic American Indian/Alaskan Native Black/Non-Hispanic
Asian/Pacific Islander Hispanic Chicano/Non-Hispanic

NOTE: For the the purposes of this question, you are multiracial if you have parents from more than one of the categories listed above.

Name and permanent address of: Parents Spouse Guardian or Transfer Student

Mr./Mrs./Mr. and Mrs. _____ parent email _____

Telephone () _____ Is this your permanent address? Yes No

Address _____

City _____ State _____ Zip _____

Your parent(s) current marital status (for correspondence purposes only)*:

single married divorced widowed separated

High School from which you graduated or are attending:

Name _____ City _____ State _____

Graduation Year _____ Have you attended any other High School Yes _____ No _____
Name(s) Years

Transfer Students Only *Please note that students with more than 32 credits should call 1.800.678.9593*

Record the names of all the colleges where you have registered, regardless of whether you received academic credit (most recent first). Have all official transcripts sent immediately. Wait until the end of the current term ONLY if you are a first semester freshmen at your institution.

College or University	City/State	Degree Attained	Dates Attended	Currently Enrolled?
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Have you ever been placed on probation, suspended, or dismissed from any college or university?

No Yes explain: _____

Are you now eligible to return to the college you last attended?

Yes No-explain: _____

All applicants respond to items below

Education in Progress *If you are now attending high school or college, list your courses.*

Personal Recognition *List any honors, awards, distinctions or activities (attach additional paper if necessary).*

Educational Goals *Describe your educational goals and why you wish to pursue them in the Bachelor of Science in Nursing program Grand Rapids (attach additional paper if necessary).*

How did you first learn of the Nursing Program at Aquinas College? _____

What factors were important in influencing your decision to apply for admission to the Nursing Program?

If you were referred to this program by someone, please print their name here: _____

Friend Relative Teacher Counselor Other

Academic Background

Name of High School _____ Date of Graduation _____

Address _____ Type of School:

Public Independent Parochial

City _____ State _____ Zip _____

While in high school have you earned credit for: Advanced Placement CLEP College Courses Other _____

Date ACT/SAT Was/Will be taken:

ACT: _____ SAT: _____ Scores sent to Aquinas? Yes No

Do you have any disabilities we should be aware of? _____

(To be signed by applicant if 18 years of age or over, or parent or guardian of applicant if applicant is under 18 years of age.)

I certify that the information given on this application is complete and correct to the best of my knowledge and that I have attended no institutions other than those listed. I understand that I am responsible for arranging for the forwarding of official transcripts from schools I have attended, and that such transcripts become the property of the University of Detroit Mercy and will not be returned. I also consent to the release of data concerning my scholastic progress for the use in research and planning for higher education.

signature _____ Date _____

Freshman Applicants: (THIS PORTION MUST BE COMPLETED BY YOUR HIGH SCHOOL COUNSELOR OR PRINCIPAL IF YOU ARE STILL ATTENDING OR JUST GRADUATED FROM HIGH SCHOOL.)

Number of students in graduating class _____

Numerical rank of applicant in graduating class _____

If numerical rank is unavailable, circle quarter rank:

(from top): 1 2 3 4

Applicant's grade point average _____ as of: Semester 6

(Standard GPA is a 4.0 scale-please note if otherwise.) Semester 7

Final

CEEB High School Code Number _____

IMPORTANT: Please arrange to send this student's final transcript to us when it becomes available. If test scores are not on the transcript, please report standard scores and date(s) taken in the space below.

Counselor Comments: (Please sign below even if you do not comment here.) _____

APPLICATION PROCEDURES FOR ADMISSION

(Copy this instruction sheet for future reference)

FRESHMEN APPLICANTS

1. Complete the application. Please type or print in ink.
2. Give your completed application to your Guidance Counselor.
3. Your Guidance Counselor should:
 - Complete the Counselor Evaluation on page 5 of the application
 - Provide an official transcript of courses taken and grades received
 - Attach ACT or SAT results
 - Mail everything to the mailing address indicated

TRANSFER APPLICANTS*

1. Complete the application. Please type or print in ink.
2. Arrange to have your official academic transcript from each college attended sent directly to the Admissions Office at the mailing address indicated.
3. Mail completed application to the mailing address indicated.

STILL HAVE QUESTIONS? CALL US.

Call the Aquinas College Office of Admissions at 800.678.9593 or 616.632.2900 or visit our Web site at www.admissions@aquinas.edu

MAILING ADDRESS

Admissions Office
Aquinas College
1607 Robinson Rd. SE
Grand Rapids, MI 49506-1799

ADMISSIONS POLICY

The University of Detroit Mercy, Aquinas College and Saint Mary's Health Care are committed to the principle of equal opportunity for all regardless of age, sex, race, creed, national or ethnic origin, handicap, weight and sexual preference. Admission is selective, and a candidate is expected to present a better than average record in college preparatory subjects. In determining an applicant's eligibility, careful consideration is given to academic preparation, national test scores, and extracurricular activities.

AQUINAS COLLEGE MISSION STATEMENT

Aquinas College, an inclusive educational community rooted in the Catholic Dominican tradition, provides a liberal arts education with a global perspective, emphasizes career preparation focused on leadership and service to others, and fosters a commitment to lifelong learning dedicated to the pursuit of truth and the common good.

UNIVERSITY OF DETROIT MERCY MISSION STATEMENT

The College of Health Professions, in the Mercy and Jesuit traditions, prepares professionals to lead individuals, families and communities to optimal health and well-being.