



University of Saint Mary Online Processing Center  
4500 Cherry Creek Drive South Suite 350, Denver, CO 80246

Website: <http://online.stmary.edu/>

### **APPLICATION FOR UNDERGRADUATE ADMISSION BACHELOR OF SCIENCE IN NURSING**

Successful completion of the following requirements is necessary for admission.

- Undergraduate online application
- Minimum college grade point average (GPA) of 2.5 on a 4.0 scale
- Submission of the following documents
  - References Form: Academic Professor and Supervisor/Colleague (or two from a supervisor/colleague if a professor is not available)
  - Academic Honesty Agreement
  - Supplemental Admission Application
- Official transcripts from all previous institutions
- International Applicants and Applicants Educated Outside the United States:
  - All coursework taken from a college/university outside of the U.S. must be evaluated by an organization specializing in foreign credential evaluation (e.g. Educational Credential Evaluators at [www.ece.org](http://www.ece.org) or World Education Services at [www.wes.org](http://www.wes.org)). USM must receive the transcript evaluation results and the official transcripts from the college/university
  - Submit Official Scores for the Test of English as a Foreign Language (TOEFL) **AND** a TSE score.
    - ✓ International students are required to submit official TOEFL and TSE scores. The code for the university is 6630. Photocopies of score reports will not be accepted.
    - ✓ Students applying to the RN to BSN program must have a minimum TOEFL score of 550 (paper) or 213 (computer) **AND** a minimum score of 50 on the TSE.
    - ✓ More information about these tests can be found at [www.toefl.org](http://www.toefl.org).

- ✓ International Students are required to submit a completed financial declaration form. International transcripts must be evaluated by a transcript evaluation service. We recommend WES ([www.wes.org](http://www.wes.org)) or ECE ([www.ece.org](http://www.ece.org)).

### ***Transfer Credit***

Admitted baccalaureate degree-seeking students can transfer in applicable courses that will be reviewed by the registrar. Only classes with a “C” or higher will be eligible for transfer consideration for required nursing support courses. Students may be asked to submit a course syllabus and a course description to determine transfer eligibility of some courses.

### **Tuition and Fees**

Tuition and fees are based on the current catalog available online at [www.stmary.edu](http://www.stmary.edu). Tuition and fees are subject to change.

## APPLICANT INFORMATION

### Section 1: Personal

Items marked with a \* are required.

Name: Last\* First\* Middle

Preferred Name:

Maiden:

Date of Birth (mm/dd/yyyy):\*

Citizenship:

Permanent Address Line 1: \*

Permanent Address Line 2:

Permanent City: \*

Permanent Country (if outside United States):

Permanent State:\*

**KS Residents Only** – County:

Permanent Zip Code:\*

Permanent Phone Number:\* (Format: 123-456-7890)

Mobile/Cell Phone: (Format: 123-456-7890)

Email Address:\* (format: abc@123.com)

Gender:  Male  Female

Social Security Number:

Religious Affiliation:

Ethnicity:  Hispanic/Latino  Not Hispanic/Latin

Race:  American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Is your father/mother an alumnus of our school? \*  Yes  No

Is your father/mother an employee of our school? \*  Yes  No

Marital Status:  Divorced  Married  Separated  Single  Unknown  Widowed

Have you ever been convicted of a felony? \*  Yes  No

If so, please explain the circumstances of your felony conviction:

List employers, most recent first, and positions relevant to the degree sought.

Employer	Address	Position	From (mm/yyyy)		To (mm/yyyy)	

**Section 2: License Verification**

Please complete the following information for license verification. Include information about each RN license currently held:

State (e.g. Kansas):	License #:	Expiration Date:

**Section 3: Enrollment**

Anticipated Date of Entrance: \_\_\_\_\_ (mm/yyyy)

Enrollment Status:  Full Time  Part Time

Have you previously applied to USM?  Yes  No

Were you previously enrolled at USM?  Yes  No

How did you hear about USM?

If referred by current student, please name student

Will you be requesting Financial Aid?  Yes  No

Are you receiving Veteran's benefits?  Yes  No

What is the highest degree you've earned?  Bachelor's  Master's  Doctorate  Other

Nursing License: State \_\_\_\_\_ Number \_\_\_\_\_ Date of Expiration (mm/dd/yyyy)

**Section 4: Military Information** (Please skip if not applicable)

Military Status:  Veteran  Non-Veteran

Military Branch:

Military Service Dates:

If Active Duty, will you be using Tuition Assistance?  Yes  No

If a Veteran, will you be using VA education or vocational rehabilitation benefits? Check Below:

- CH30 Montgomery GI Bill
- CH31 Vocational Rehabilitation and Employment Services
- CH32 Veterans' Educational Assistance Program
- CH33 Post-9/11 GI Bill
- CH33 Post-9/11 GI Bill Transfer of Eligibility
- CH35 Dependents' Education Assistance Program
- CH1606 Montgomery GI Bill – Selected Reserve
- CH1607 Reserve Education Assistance Program
- Other:

**Section 5: Academic History**

List in chronological order all colleges, professional schools, and credit-granting courses you have attended. **Please provide official transcripts for all institutions attended.** If a degree is pending, indicate the date on which the degree will be awarded.

Name of school	city, state and zip	from (mm/yyyy)		to (mm/yyyy)		degree	date (mm/yyyy)		GPA

**TOEFL** (if applicable)    Date taken:                      (mm/dd/yyyy)    Score:

What other schools did you consider for your studies?

Institution    State

Institution    State

Institution    State

We are currently accepting applications for the online RN-BSN, MSN, MAT, MBA, and BSHIM programs.

Refer a friend:

Name:

Phone Number:

Email:

Refer a friend:

Name:

Phone Number:

Email:

**Certification:** I understand that withholding information on this application or giving false information may make me ineligible for admission to the University of Saint Mary or subject to dismissal. I have read this application and certify that the statements I have made are correct and complete.

Checking this box and typing my name below will serve as my electronic signature.

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**Student Signature**

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**Date**