

UNIVERSITY OF ROCHESTER
SCHOOL OF NURSING
RN to BS Program

Web Page Address: www.son.rochester.edu

Thank you for your interest in the University of Rochester School of Nursing combined RN to BS Program for the Registered Nurse. Applications are accepted on a rolling admission. A complete application consists of the following:

- The completed application form.
- An **official** transcript from **each** college or university attended, including your basic nursing program, if applicable. **Unofficial or student copies of transcripts are not acceptable.**
- Two letters of reference which address professional and/or academic ability:** One masters prepared nurse (e.g. nursing faculty member, clinical nurse specialist, nurse practitioner, or nurse manager) preferred and /or nursing supervisor. (Forms are enclosed for your use and it is strongly recommended that your reference use official letter head) ****All references need to be in a sealed envelope and signed by the preparer.**
- A non-refundable \$50 (U.S.) application fee. Make your check or money order payable to the University of Rochester School of Nursing and enclose the fee with your application.
- Copy of current RN License
- Current copy of Curriculum Vitae or Resume
- Typewritten Professional Goal Statement
- Response card

Send all application materials to: Nancy Kita, University of Rochester School of Nursing,
Office of Student Affairs, Box SON, Rochester NY 14642, in the enclosed envelope.

Questions may be directed to the School of Nursing Office of Student Affairs at (585) 275-2375.

The University of Rochester values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, gender, sexual orientation or veteran status. Further, the University complies with all applicable non-discrimination laws in the administration of its policies, programs and activities. Questions on compliance should be directed to the particular school or department and/or to the University's Equal Opportunity Coordinator, University of Rochester, P.O. Box 270039, Rochester NY 14627. Phone: (585) 275-9125.

Additional Information

Are you employed by the UR/Strong/Highland?: No____ Yes____ (unit_____)

Are you applying for financial aid?: Yes____No____ Will use tuition benefits only: _____

Do you wish to be considered for University Housing?: Yes____ No____

When do you plan to enroll at the UR: Year____ (January____ May____ September _____)

Military Service: Active ____ Veteran ____ Other ____

Names of any colleges or universities you have attended:

1. _____ Dates: _____ Degree: _____

2. _____ Dates: _____ Degree: _____

3. _____ Dates: _____ Degree: _____

(attach a separate sheet if necessary; include your name)

Have you completed any courses at UR?: (years attended_____)

Please sign here if you would like your UR transcript courses/grades added to your file:

Signature: _____

Licensure Information

Registered Nurses must complete this form and **attach a copy of NURSE REGISTRATION.** Enclose with your application.

Nurse Registration Information

States Where Registered	License Number	Active/Inactive	Expiration Date

Is your degree from a _____ Diploma program or _____ Associate's Degree nursing program

If you are a recent graduate, date scheduled to take N-CLEX examination: _____

Citizenship Information: (*Required for government recording)

Non- U.S. Citizens

*Citizen of what country? _____

*Are you a permanent U.S. resident? ____ Yes ____ No

U.S. Citizens Only

Race/Ethnicity: *Are you Hispanic or Latino? ____ Yes ____ No

***Please select one or more races that you identify with from the following:**

____ American Indian or Alaskan Native ____ Black or African American

____ Native Hawaiian or Other Pacific ____ White

____ Asian

Please answer the following questions:

- Have you ever been dismissed from a school, college or university? _____
- Have you ever been convicted of a criminal offense? _____

If you answered yes to either of these questions please elaborate on a separate sheet.

International Students Only

For Visa Purposes:

City and Country of birth: _____ Marital Status: _____

If you are a United States resident, what type of visa do you hold?: _____

Transcript Evaluation:

Students graduating from any foreign school must have their transcript evaluated by one of the following:

World Education Services, Bowling Green Station, P.O. Box 5087, New York, NY 10274-5087;

E-mail: info@wes.org; phone: 212-966-6311; fax: 212-739-6100 **or Educational Credential Evaluators, Inc.**, P.O.

Box 514070, Milwaukee WI 53203-3470; E-mail: eval@ece.org;

phone: 414-289-3400; fax: 414-289-3411

TOEFL:

Test of English as a Foreign Language (TOEFL): _____
Date taken Score

How did you become interested in the University of Rochester School of Nursing: _____

Your signature indicates that all the information in this application is factual.

Signature: _____ Date: _____

Professional Goal Statement

Must be TYPEWRITTEN

The purpose of this statement is for you to provide information about yourself as well as to demonstrate your ability to express ideas clearly and logically in a grammatically correct format. You should provide information about yourself, your aims, your plans for the future and your reasons for wanting to enter the RN to BS program at the University of Rochester School of Nursing. Please include how you would contribute to student diversity in the UR School of Nursing; for example, you could write about your natural or acquired talents or abilities, career or work experiences, community or volunteer service, educational experiences, exposure to different cultures or ways of life or leadership experiences. This statement must be typewritten and is limited to 500 words.

Send Letter of Recommendation to:

Nancy Kita
University of Rochester School of Nursing
Office of Student Affairs
Box SON
601 Elmwood Ave
Rochester NY 14642

To be completed by the applicant:

Name of Applicant: _____

First

Middle

Last

Name of Recommender: _____

Title and Employer: _____

I hereby waive my right of access under The Family Education Rights and Privacy Act of 1974 to specific and composite letters of recommendation.

Signature: _____ Date: _____

To be completed by the recommender:

Please complete this form and attach a letter *ON OFFICIAL LETTERHEAD*. All information must be provided.

The admissions procedure of the University of Rochester School of Nursing requires the applicant to gather individual letters of recommendation plus all other documents and submit a complete set of documents with the application. The advantage of this system is that the student knows the application is complete when submitted. After completing this form, place it in the envelope provided, seal the envelope, sign across the sealed flap and return it to the applicant who will forward it unopened to the School of Nursing.

How long and in what capacity have you known the applicant?: _____

A. Please comment on the applicant's strengths and weaknesses for **RN to BS** study. If you have taught the applicant, your comparison of the applicant's work to that of other students would be helpful. If you have worked with the applicant, your assessment of his or her potential is most valuable. Balanced evaluations generally work to the applicant's advantage.

B. Among the students/nurses at a similar level whom you have known in recent years, how would you rate this student?

____Among the very best; ____Top 5%; ____Top 10%; ____Top 25%; ____Top half; ____Below average

Signature: _____ Date: _____

Name of Recommender (please print): _____

Position, Profession or Occupation: _____

Phone: (_____) _____
Area code

Professional Address: _____

