



Admissions Office ☐ PO Box 5000 ☐ Antigonish ☐ Nova Scotia ☐ Canada B2G 2W5
 Phone: 1-877-867-7839 ☐ Fax: (902) 867-2329 ☐ Email: admit@stfx.ca

APPLICATION

Office Use

Applicant

Mr. Ms. Mrs. Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Preferred 1st Name: _____

Previous Last Name: _____

Address Information

Home Address: _____

City: _____

Province/State: _____ ZIP/PC: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

Personal Information

Sex: F M Married Single

Date of Birth: _____

Day Month Year

Social Insurance Number: _____

Mother-tongue: English French Other

Citizenship: Canadian/Permanent Resident

Other _____

Last High School Attended

Name: _____

Phone: _____

Address: _____

Dates Attended: _____

Present/Final Grade (e.g. XII): _____

Post-Secondary Study

Have you attended any other universities or other post-secondary institutions? Yes No

(Failure to disclose previous attendance at another institution could result in academic dismissal) If “yes” please arrange to have **Official Transcripts** sent to the Admissions Office at St. Francis Xavier University. List all universities and/or colleges you have attended and dates attended.

If you have applied to StFX before this year, please complete:

Year of Application: _____

Were you accepted: Yes No

Did you attend? Yes No

Dates attended: _____

If your name changed since you last applied/attended please give your former name: _____

Desired Program Of Study

- Certificate in Continuing Care Program
- Certificate in Gerontological Nursing Program

Post-Secondary Nursing Education (ex., diploma programs)

Name of Institute: _____

Date: _____

Current RN Status

Province(s) in which you hold active RN registration and date(s) of certification _____

Next of Kin

Mother Father Guardian Spouse
 other (please specify) _____
 Mr. Mrs.
Last Name: _____
First Name: _____
Home Address: _____
City: _____
Province/State: _____ ZIP/PC: _____
Country: _____
Phone: (____) _____
Fax: (____) _____
Email: _____

How did you learn about the Distance Nursing Program at St. Francis Xavier University?

poster/advertisement at workplace
 advertisement in newspaper/magazine/journal; please specify name of publication _____
 information from co-worker
 information from graduate of the program
 internet
 other (please specify) _____

Do you have access to a computer on a regular basis?

yes no If yes, home work both

I hereby agree to abide by all the rules and regulations that apply to students of StFX university and acknowledge that my right to remain at StFX is subject to my observance of them. The information in this application is complete and correct to the best of my knowledge. I acknowledge that StFX is required to abide by the Freedom of Information and Protection of Privacy legislation as it applies to universities.

Signature

Date

Work Experience

You must have at least one year of clinical experience. List work experience as an RN, beginning with current or most recent position.

Date	Position	Agency	Phone #

Other Learning Activities

A complete application comprises the following items:

I have enclosed a copy of my current RN registration.
 Official copy of Grade XII marks will be forwarded.
 Official Nursing Diploma transcript(s) will be forwarded from _____.
 Official University transcript(s) will be forwarded from _____.
 Personal Statement enclosed (brief explanation of why you are applying to program)
 One letter of reference will be forwarded by my referee (form enclosed).
My referee is:
 Enrollment Fee **\$60.00**, Certificate Programs (**Payable to St. Francis Xavier University**)
 cheque/money order enclosed
 Visa/MasterCard No. _____ Expiry _____

Please mail to:

**Admissions Office
St. Francis Xavier University
PO Box 5000
Antigonish, NS B2G 2W5 Canada**