



Graduate Application for Admission

Please give careful consideration to each question on this form. It is to your advantage to complete the application and return it promptly to:
Admissions Office: Barnes-Jewish College, 306 S. Kingshighway Blvd., MS: 90-30-625, St. Louis, MO 63110. Please include a **\$25 application fee** (checks made payable to Barnes-Jewish College). Please print clearly in ink.

Name _____ E-mail Address _____
Last First M.I. Maiden

Address _____
Street City State Zip Code

Home Phone # () _____ Work Phone # () _____ Soc. Sec. # _____

PROGRAM OF INTEREST

Master of Science in Nursing

- ' Holistic Nursing
- ' Nurse Educator
- ' Nurse Practitioner

- ___ Adult
- ___ Neonatal
- ___ Oncology
- ___ Administration
- ' Nurse Anesthesia
- ' RN-to-MSN

Master of Science in Allied Health

- ' Education
- ' Management
- ' Nutrition

Certificate

- ' Dietetic Internship
- ' Post-Masters Nurse Practitioner
- ___ Adult
- ___ Neonatal

' **Unclassified (visiting student) - Complete only:** (1) enrollment, class time, and status; (2) post secondary

Enrollment Period

' Spring ' Summer ' Fall Year _____

Preferred Class Time

' Days ' Evenings ' Weekends

Student Status

' Full-time ' Part-time

How did you hear about Barnes-Jewish College?

' Yellow Pages ' Friend ' Relative

' Newspaper ad ' Alumni ' College Night

' College advisor ' JH College Event

' JHC Web Site Recruiter

' Current Student (Name) _____

' Other (please specify) _____

' Other (please specify) _____

Please list any post-secondary colleges/schools attended.

Name of college/university City and State Dates Attended (From/To) Certificate/Diploma/Degree Received

Other names by which you have been known: _____

Have you previously applied to Barnes-Jewish College? ' No ' Yes Date _____

Have you previously attended Washington University? ' No ' Yes Date _____

If yes, which division(s)? _____

Current employment experience:

Employer _____
Name Address Phone # Job Title

Military experience:

Branch of Service Period of Active Reserve Duty (From/To) Discharge Status Date of Final Discharge

Have you ever been convicted of a felony? ' No ' Yes If yes, please explain: _____

Person to notify in case of an emergency:

Name _____ Address _____

Home Phone # _____ Work Phone # _____ Relationship _____

Prospective students must also submit two references to the College.

Suitable references include recent teachers, counselors, professors, colleagues or employers. These persons should not be related to the applicant. Reference forms are available from the Admissions Office.

Note: This information is used for statistical purposes only and is optional. The College does not discriminate against any individual on the basis of race, ethnic background, marital status, religion, sexual orientation, national origin, gender, age, or disability in matters of admission or recruitment.

Date of Birth: _____

Gender: _____ Male _____ Female

Ethnic Background: (please check one)

_____ Non-Resident/Alien

_____ Asian

_____ Native American

_____ Black/African-American

_____ White

_____ Hispanic

_____ No Response

Are you a United States citizen? ' Yes ' No Country of Citizenship: _____
Response required

Are you a Legal Permanent Resident? ' Yes ' No

If English is not your native language, please indicate the date, on which you have taken or will take the Test of English as a Foreign Language (TOEFL): _____

(Test scores must be forwarded to the Admissions Office; the Barnes-Jewish College code for receipt of test scores is 6329.)

TO BE COMPLETED BY INTERNATIONAL STUDENTS ONLY

Are you presently in the USA? ' Yes ' No

If in the United States, indicate when you arrived in this country: Month _____ Year _____

Visa status you currently hold: _____

International applicants must review the "International Student Admissions" information and complete the "Financial Certificate for International Students" to be considered for admission to the Barnes-Jewish College. Information and forms are available at http://www.jhconah.edu/prospective/international_student_admissions.html

The statements I have made in this application are correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for on this application is cause for cancellation of the application or for separation from the College if I have been enrolled. Should I be enrolled, I agree to conform to all rules and regulations of Barnes-Jewish College of Nursing and Allied Health at the Washington University Medical Center.

Applicant Signature _____

Date _____