



ST. FRANCIS XAVIER UNIVERSITY

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

APPLICATION

Please note, the Distance Nursing Programs are not eligible for any Government Student Loan Funding

Please check one:

- ☐ Certificate in Gerontological Nursing
☐ Certificate in Continuing Care

Office Use Only:

Applicant

Last Name: _____

First Name: _____

Middle Name: _____

Preferred 1st Name: _____

Previous Last Name: _____

Address Information

Home Address: _____

City: _____

Province/State: _____ ZIP/PC: _____

Country: _____

Phone: _____

Email: _____

Next of Kin

Name: _____

Relationship: _____ Phone: _____

Personal Information

Gender: _____

Date of Birth: _____
Day Month Year

Citizenship: ☐ Canadian/Permanent Resident

Other: _____

Post-Secondary Study

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

Failure to disclose previous attendance at another institute could result in an academic dismissal. If "yes", list all universities and/or colleges you have attended including the dates.

It is the responsibility of the applicant to ensure that all **SUPPORTING DOCUMENTS** are submitted to the StFX Admissions Office. Applications cannot be processed until such documents are received. All required documentation is listed on reverse side of application.

Post-Secondary Nursing Education (i.e., diploma programs)

Name of Institute: _____

Date: _____

Do you have access to a computer with a web camera on a regular basis?

☐ Yes ☐ No **If yes,** ☐ Home ☐ Work ☐ Both

Current RN License:

Canadian Province(s) in which you hold an **active**

RN License (incl. expiry 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 **up to 5 years if applicable**.

Date	Position	Facility/Agency	Department/Specialty

Checklist for Applicants:

- ☐ Have included a copy of my **current** RN License.
- ☐ **Non-refundable Application Fee \$60**
- ☐ Visa/MasterCard No. _____ Expiry _____
****VISA/MASTERCARD DEBIT NOT ACCEPTED**

PLEASE NOTE: It is your responsibility of the applicant to check with the Program Office (distance.nursing@stfx.ca) to ensure that all of the above documents were received.

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: _____