



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](mailto:admit@stfx.ca)

# Supplemental Application

## Internationally Educated Nurses (IEN)

**PLEASE NOTE:** The Distance Nursing Programs are not eligible for any Government Student Loan Funding

First name:

Last name:

StFX Student Number

CNO Application Number

**PLEASE NOTE:** following receipt of your online application, you will receive your StFX Student Number the following business day. If you have previously applied or attended StFX, the same number will be used for this application and can be included on this form. Please do not submit this Supplemental Application before receiving your StFX Student Number.

### COMPLETION GUIDE

In order to help us process your application as efficiently as possible, please ensure all items below have been completed.

1. Application - completed online and non-refundable application fee paid.
2. RN Competency Assessment Form from CNO - must include all pages and be attached in PDF form with Supplemental Application.
3. Official copy of your transcript from each post-secondary institution attended - requests have been made for these to be sent to [admit@stfx.ca](mailto:admit@stfx.ca). Scanned copies are acceptable in PDF form and can be included with this Supplemental Application.
4. Supplemental Application - completed and submitted with your StFX Student Number. Please submit in PDF form to [admit@stfx.ca](mailto:admit@stfx.ca).
5. Reference Form with your Name & StFX Student Number - given to referee to complete and submit by email to [admit@stfx.ca](mailto:admit@stfx.ca).

It is the responsibility of the applicant to ensure that all supporting documents are received by the StFX Admissions Office. Incomplete applications will not be considered. All documents submitted as part of the admissions process become the property of the University and cannot be returned.

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

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

**WORK EXPERIENCE**

Please list your most recent work experience up to 5 years (if applicable). Please include work experience within the medical field, including international work experience.

Date	Position	Facility/Agency	Department/Specialty

**PLEASE NOTE:** It is the responsibility of the applicant to check with the Admissions Office to ensure that all of the above documents have arrived. Please sign this form; then submit by email to [admit@stfx.ca](mailto:admit@stfx.ca).

*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:**