



SAINT • XAVIER • UNIVERSITY

CHICAGO ♦ ORLAND PARK

Saint Xavier Online Processing Center
1415 W. 22nd Street, Suite 400, Oakbrook, IL 60523
Phone 866.319.8966 Fax 866.319.8968
Website: www.sxuonline.com

**SCHOOL OF NURSING
APPLICATION FOR GRADUATE ADMISSION
MASTER OF SCIENCE IN NURSING
Clinical Nurse Leader**

PROGRAM REQUIREMENTS

1. A completed online application.
2. Graduation from an NLNAC or ANCC accredited baccalaureate nursing program with a GPA of 3.0/4.0 scale, or completion of undergraduate requirements within the non-baccalaureate Special Entry option.
3. One official and complete transcript sent directly from the Registrar of each college and/or School of Nursing for coursework on the undergraduate and graduate level.
4. A copy of a **current** registered nursing license.
5. Two complete recommendations from nursing professionals, i.e. recent employers, professors, etc. One must be provided by a professional nurse who has observed the applicant's clinical performance.
6. Applicants may be required to complete a faculty interview.

For non-US citizens only:

1. Results of TOEFL test for applicants who are non-native English Speakers.
2. Copy of I-151 or I-551 for U.S. Permanent Residents.
3. Copy of I-94 or I-688 for eligible non-citizens.
4. Non-U.S. transcripts need to be officially evaluated by an accredited agency.

Please submit this document to the Admission Processing Center.

Via fax:
1-866-319-8968

Via mail:
Admission Processing Center
1415 W. 22nd Street, Suite 400,
Oakbrook, IL 60523

Via email attachment:
online@sxu.edu

APPLICANT INFORMATION

Date of Entrance:

Social Security Number:

Name Last First Middle

Maiden

Address Street

City State Zip Country

Mailing address, if different Street

City State Zip Country

Home Phone Business Phone

Email Cell phone

Male Female Date of Birth (mm/dd/yyyy)

Citizenship Status:

U.S. Citizen Permanent resident –Number A

F-1 (student) Visa Other Visa (specify)

Birth Country

Country of Citizenship

Field of Study at Saint Xavier University

Masters of Science in Nursing / Clinical Nurse Leader

Nursing License:

State Number

Date of Expiration (mm/dd/yyyy)

OPTIONAL INFORMATION

For statistical purposes and possible allocation of financial aid.

Ethnicity:

Religion:

Marital Status:

of Dependents

How did you hear about our program?

If referred by current student, please name student

What other schools did you consider for Graduate Studies

Institution

State

Institution

State

Institution

State

PROFESSIONAL STATEMENT (does not have to accompany application)

In approximately 500-750 words (1) explain your reasons for choosing Saint Xavier University to pursue a Graduate Degree in the School of Nursing and (2) describe the major focus of your professional work to date and how that qualifies you as a candidate for admission.

Certification: I understand that withholding information on this application or giving false information may make me ineligible for admission to Saint Xavier University or subject to dismissal. I have read this application and certify that the statements I have made are correct and complete.

Checking this box and typing my name below will serve as my electronic signature.

Student's Signature

Date

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