



THE GRADUATE SCHOOL

www.salemstate.edu/graduate

352 Lafayette Street, Salem, MA 01970-5353

978.542.6323

email: graduate@salemstate.edu

Certificate in Nursing Education Application for Admission

For Office Use ONLY - Student ID#

SUBMIT THIS APPLICATION FORM TO THE GRADUATE SCHOOL WITH THE FOLLOWING:

- A \$35.00 non-refundable application fee made out to Salem State College – check or money order.
- Complete, official transcripts from all undergraduate institutions attended.
- Official transcripts of any graduate courses taken or degrees held.
- Applicants must submit three **Reference for Graduate Admission** forms (attached to application packet or available in the Graduate School or at www.salemstate.edu/graduate), including:
 - Educational references from an instructor, administrator, etc.
 - Professional references from a current supervisor, coworker, etc.
 References may attach a letter, but must also return the provided form.
- A 500-word, double-spaced, personal statement regarding your career goals.
- Copy of current license to practice as a registered nurse in Massachusetts.

Social Security Number: _____ Date: _____

Full Name: _____
Last Name First Name Middle Initial

Local Address: _____
No./Street City/Town State/Province Postal Code

Home Telephone: _____ Email Address: _____

Business Telephone: _____ Place of Employment: _____

Male: Female: Maiden Name or Other Name, if any: _____

Date of Birth: _____ Country of Birth: _____ Country of Citizenship: _____

Country and Address of Permanent Residency: _____

Are you a: U.S. Citizen Permanent U.S. Resident Other Non Immigrant

Resident Number: _____ F-1 F-2 J-1 J-2 B-2 Other

Check below the category that most closely describes your ethnic/racial recognition in the community (optional)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Pacific Islander (Micronesian or Polynesian) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White, not of Hispanic origin |
| <input type="checkbox"/> Black, not Hispanic origin | <input type="checkbox"/> Hispanic |

When do you plan to begin the certificate program?: _____

Applicants for whom English is a second language: Date you have taken or will take the TOEFL: _____

TOEFL score: _____

Applicant's Signature _____ Date _____