



Distance Nursing Program Office _ PO Box 5000 _ Antigonish _ Nova Scotia _ Canada B2G 2W5
Phone: 1-800-565-4371 Fax: (902) 867-5154 Email: Distance.Nursing@stfx.ca

APPLICATION

Office Use

Applicant

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Preferred 1st Name: _____

Previous Last Name: _____

Address Information

Home Address: _____

City: _____

Province/State: _____ ZIP/PC: _____

Country: _____

Phone: () _____

Fax: () _____

E-mail: _____

Personal Information

Sex: ☐ F ☐ M ☐ Married ☐ Single

Date of Birth: _____
Day Month Year

Social Insurance Number: _____

Mother-tongue: ☐ English ☐ French ☐ Other

Citizenship: ☐ Canadian/Permanent Resident

☐ Other _____

Last High School Attended

Name: _____

Phone: _____

Address: _____

Dates Attended: _____

Present/Final Grade (e.g. XII): _____

Post-Secondary Study

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

(Failure to disclose previous attendance at another institution could result in academic dismissal) List all universities and/or colleges you have attended and dates attended.

If you have applied to StFX before this year, please complete:

Year of Application: _____

Were you accepted: ☐ Yes ☐ No

Did you attend? ☐ Yes ☐ No

Dates attended: _____

If your name changed since you last applied/attended please give your former name: _____

Program Of Study (Only Check One)

☐ Stand Alone Course

Course _____

If student is taking course on letter of permission from other university, please provide copy of letter of permission.

Post-Secondary Nursing Education

Name of Institute: _____

Date: _____

Current RN Status

Province(s) in which you hold active RN registration and date(s) of certification _____

Next of Kin

☐ Mother ☐ Father ☐ Guardian ☐ Spouse
☐ other (please specify) _____
☐ Mr. ☐ Mrs.
Last Name: _____
First Name: _____
Home Address: _____
City: _____
Province/State: _____ ZIP/PC: _____
Country: _____
Phone: _____
Fax: _____
E-mail: _____

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**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.

Date	Position	Agency	Phone #
Date	Position	Agency	Phone #
Date	Position	Agency	Phone #

Other Learning Activities

Supporting Documents

Arrange for supporting documents to be sent directly (by the appropriate institution) to:

Distance Nursing Program Office St. Francis Xavier University PO Box 5000, Antigonish, NS B2G 2W5

Please check the following:

- ☐ I have enclosed a copy of my current RN registration. (*Not applicable if student is on letter of permission*)
- ☐ Official copy of Grade XII marks will be forwarded. (*Not applicable if student is on letter of permission*)
- ☐ Official copy of university transcripts enclosed/will be forwarded from _____
- ☐ Enrollment Fee **\$40** - Stand Alone Course (Payable to St. Francis Xavier University)
- ☐ cheque/money order enclosed
- ☐ Visa/MasterCard
- Card No. _____ Expiry _____

(Revised February 2010)