



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](mailto:Distance.Nursing@stfx.ca)

# APPLICATION

**Office Use**

### Applicant

Mr.  Ms.  Mrs.  Other \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Preferred 1<sup>st</sup> 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 #

**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 \_\_\_\_\_