



GEORGE FOX
UNIVERSITY

School of Nursing

Application for Admission

Personal Information			
First Name	Middle Name	Last Name	Maiden Name
Email address	GFU Student ID #	Primary Phone	Secondary Phone
Permanent Mailing Address	City	State	Zip
Local Mailing Address	City	State	Zip
Mail the Letter of Decision to the following address: Permanent <input type="checkbox"/> Local <input type="checkbox"/>			
DOB: _____ Month/Day/Year			
Ethnicity:			
<input type="checkbox"/> Hispanic/Latino/Spanish		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> White	
<input type="checkbox"/> Asian		<input type="checkbox"/> Two or More Races and/or Ethnicities	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Unknown	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown/Other

Have you been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state? Yes No
The fact that a conviction has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you answer this question "NO"; you would answer "YES" and give details on the charge. A "YES" answer does not necessarily mean you are not eligible.

Education

High School	City	State	Graduation (MM/YYYY)

College	Start Date (MM/YYYY)	End Date (MM/YYYY)	Degree Earned

Are you in good standing and able to return to any college or university you have previously attended? Yes No
If you answered "No" please explain below.

Essay

In a 300 word maximum essay, answer the following two questions in the box below:

- 1) Why do you want to pursue nursing as a profession?
- 2) Why are you choosing George Fox University for your nursing education?

Optional

Use this section to provide a brief explanation if any of the following situations apply to you:

- 1) If you feel that your academic record does not accurately reflect your ability
- 2) If there is additional information that may be important to the Nursing program admissions committee in its evaluation of your application
- 3) If you have been out of school for more than six months, briefly explain.

I understand that any attempt on my part to falsify answers or exclude pertinent data is cause for rejection of my application and/or dismissal from the program. I hereby certify that all statements in my application are true.

Signature:

Date: