



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"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races and/or Ethnicities <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? (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). Yes No

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Education			
High School	City	State	Graduation (MM/YYYY)
College	Start Date (MM/YYYY)	End Date (MM/YYYY)	Degree Earned

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: