

MARGARET H. ROLLINS SCHOOL OF NURSING AT BEEBE HEALTHCARE

424 Savannah Road, Lewes, Delaware 19958 (302) 645-3251

APPLICATION FOR ADMISSION INSTRUCTIONS

- I. Complete (print or type) and return the following:
 - A. **Application for Admission**; and B. **Student Nurse Essential Functions Form** with the \$30.00 application fee to the Margaret H. Rollins School of Nursing.

Send to: Margaret H. Rollins School of Nursing

424 Savannah Road Lewes, DE 19958

- II. Official Transcripts:
 - A. Have an official transcript sent from your high school with graduation date included or GED test results (if applicable).
 - B. Have official transcripts sent from each school you have attended since graduating from high school.
- III. Standardized testing (SAT) required unless you have:
 - College GPA 2.0 or greater with a minimum of 15 college credits earned
- IV. Processing Your Application:

Your application will be processed when School of Nursing has received the following:

- A. Completed Application
- B. Signed Student Nurse Essential Functions Form
- C. Application Fee
- D. Official Transcripts

Your records will then be reviewed by the Admissions Committee. The Admissions Committee reviews applications every month. The application for those meeting criteria are accepted in the order in which the completed application is received. Applicants meeting criteria are accepted in the order in which the completed application is received. You will be notified in writing of the Committee's decision.

PLEASE READ THESE INSTRUCTIONS CAREFULLY!

FAILURE TO FOLLOW THESE INSTRUCTIONS WILL CAUSE A DELAY IN YOUR APPLICATION.

APPLICATION FOR ADMISSION

1.	Date:		2. Social Security No.:
3.	Name:		Maiden Name:
4.	Address:		
5.	E-mail Address:		
6.	Telephone:	Home ()	Work ()
		Cell ()	

8.	14/1 1 1						
	. When do you pl	an to complete the	college prerequis	site courses?			
9.	•	itizen?Yes as are not eligible to		f not, do you have a Green Card?	Yes No		
10.). Have you ever been convicted of a crime?						
	No Yes (indicate crime and date)						
	The Nurse Practice Act, Title 24 Chapter 19 of Delaware Code (Section 1910) specifies that applicants for licensure to practice nursing may be denied a license or the privilege of taking the licensure examination if the have been convicted of a crime. Personal concerns regarding this position should be directed to the Delaward Board of Nursing at (302) 744-4500 prior to completing this application.						
11.		tified in case of an e	- ,				
					Relationship:		
	Address:			Telephone: ()			
	•		_		Other (please specify)		
	List all high scho	ools or other second	lary schools atten	ded.			
D/							
	ATES FROM/TO	NAME of So	CHOOL	CITY AND STATE	DIPLOMA or GED		
	ATES FROM/TO	NAME of So	CHOOL	CITY AND STATE	DIPLOMA OR GED		
	ATES FROM/TO	NAME of So	CHOOL	CITY AND STATE	DIPLOMA OR GED		
	ATES FROM/TO	NAME of So	CHOOL	CITY AND STATE	DIPLOMA OR GED		
	ATES FROM/TO	NAME of So	CHOOL	CITY AND STATE	DIPLOMA OR GED		
14.				CITY AND STATE	DIPLOMA OR GED		
			ormal education b		CREDENTIALS EARNED MAJOR (DIPLOMA, CERTIFICATE, DEGREE, NO. OF CREDITS)		
	Post-secondary I	Education: List all fo	ormal education b	peyond high school.	CREDENTIALS EARNED MAJOR (DIPLOMA, CERTIFICATE, DEGREE,		
	Post-secondary I	Education: List all fo	ormal education b	peyond high school.	CREDENTIALS EARNED MAJOR (DIPLOMA, CERTIFICATE, DEGREE,		
	Post-secondary I	Education: List all fo	ormal education b	peyond high school.	CREDENTIALS EARNED MAJOR (DIPLOMA, CERTIFICATE, DEGREE,		

16. List employment or business experience:						
DATES OF EMPLOYMENT FROM/TO	EMPLOYER	ADDRESS	POSITION/ RESPONSIBILITIES			
attended school you the greatest	ow (or a separate paper) write an acc if more than six months have elapse satisfaction; (3) what you most enjoy eer; (5) any special reasons for desirin	d; (2) all the things you have accomp y doing in your leisure time; (4) your	lished that have given reasons for selecting			

15. Have you taken or do you plan to take the SAT? Yes ______ Date _____ No ____

10	Student Certification:				
	I certify that all information on this form to the best of my knowledge and belief is accurate and complete. I understand that if information is omitted or if statements are falsified on this application, this will be considered sufficient cause for rejection/dismissal.				
	Date: Signature:				

Nursing must accompany this application. This fee is non-refundable.

The Margaret H. Rollins School of Nursing affords equal opportunity to all persons regardless of sex, race, religion, national origin or ancestry, sexual orientation, gender identity, age, or disability in the administration of its educational policies, admission policies, scholarship and loan programs, and other school-administered programs. Nursing students are required to have satisfactory background checks, drug screen, and meet the performance requirements as described on the Student Nurse Essential Functions Form.