



ST. FRANCIS XAVIER UNIVERSITY

Admissions Office * PO Box 5000 * Antigonish * Nova Scotia * Canada B2G 2W5
Phone: 1-877-867-StFX (7839) * Fax: (902) 867-2329 * E-mail: admit@stfx.ca

APPLICATION

Please note, the Distance Nursing Programs are not eligible for any Government Student Loan Funding

Non Degree Post-RN Distance Nursing
(for Internationally Educated Nurses only)

Office Use Only:

Applicant

Last Name: _____

First Name: _____

Middle Name: _____

Preferred 1st Name: _____

Previous Last Name: _____

Address Information

Home Address: _____

City: _____ Province/State: _____

ZIP/PC: _____ Country: _____

Phone: _____

Email: _____

Next of Kin

Name: _____

Relationship: _____ Phone: _____

Personal Information

Gender: _____

Date of Birth: _____
Day Month Year

Citizenship: Canadian/Permanent Resident

Other: _____

Post-Secondary Study

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

Failure to disclose previous attendance at another institute could result in an academic dismissal. If "yes", list all universities and/or colleges you have attended including the dates.

It is the responsibility of the applicant to ensure that all **SUPPORTING DOCUMENTS** are submitted to the StFX Admissions Office. Applications cannot be processed until such documents are received. All required documentation is listed on reverse side of application.

Post-Secondary Nursing Education (i.e., diploma programs)

Name of Institute: _____

Date: _____

Do you have access to a computer with a web camera on a regular basis?

Yes No **If yes,** Home Work Both

Current RN License:

Country, State, or Province in which you hold an **active** RN License (including expiry date):

Work Experience

Please list your most recent work experience up to **5 years (if applicable)**. Please include work experience within the medical field, including international work experience.

Date	Position	Facility/Agency	Department/Specialty

Checklist for Applicants:

- Have requested one official copy transcript from each post-secondary institution attended **or** included scanned copies. Your application will not be reviewed until all the transcripts are received.
- Have included the **complete** Competency Assessment Form from College of Nurses of Ontario (CNO).
- Reference form will be forwarded from Referee by email or by mail.
- Non-refundable Application Fee \$125**
 - Visa/MasterCard No. _____ Expiry _____
****VISA/MASTERCARD DEBIT NOT ACCEPTED**
 - Cheque/Money Order enclosed (**Payable to St. Francis Xavier University**)
Please mail to:
Admissions Office
St. Francis Xavier University
PO Box 5000 Antigonish, NS B2G 2W5 Canada

PLEASE NOTE: It is your responsibility of the applicant to check with the Program Office (distance.nursing@stfx.ca) to ensure that all of the above documents were received.

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: _____