Dear Accelerated BSN Applicant:

Thank you for your interest in our accelerated BSN program. I commend you for your decision to further your education, advance your career, and prepare yourself for leadership positions in health care.

I expect that you are considering applying to other programs. Let me tell you why DeSales University’s accelerated BSN program is your best choice. At DeSales University we offer:

• More than 35 years experience in BSN education;
• Nursing faculty that are experienced educators and expert, seasoned, clinicians;
• Opportunities for clinical experiences at a variety of hospitals and healthcare facilities right here in the Lehigh Valley.

We are now accepting applications for May 2012. Completed applications for this class cohort will be accepted up until November 1, 2011. Competitive applicants will be invited to interview before acceptance. Please contact the nursing department by phone at 610.282.1100 ext. 1271 or e-mail nursing@desales.edu should you have questions about the program or need assistance with your application.

Once again, thank you for your interest in DeSales University. I look forward to welcoming you to the campus.

Sincerely,

[Signature]

Margaret Slusser, PhD, CNS, BC
Associate Professor and Chair
Department of Nursing and Health
Your application for admission to the Accelerated BSN program will be processed upon receipt of your complete application packet. Once we have received your complete application packet, the Nursing Admissions Committee will call you for an interview. All applicants will be processed together and will not be notified of acceptance until sometime in January. Please follow the checklist below to ensure all of the items are included in your application packet.

- Application Form
- Processing fee of $35.00, payable by check or money order to DeSales University
- One or two page essay highlighting your professional goals and how pursuing the BSN degree will help you achieve those goals
- Official transcripts* of all undergraduate programs where you took any creditable courses, including evidence that you previously completed all requirements to obtain a prior baccalaureate degree
  1. ________________ Date ________________
  2. ________________ Date ________________
  3. ________________ Date ________________
  4. ________________ Date ________________

  *Please request that all transcripts be sent directly to you in a sealed envelope, signed by the registrar and submitted with your application packet. If you are requesting transcripts from outside of Pennsylvania, please request course descriptions, covering the years you attended so that we can expedite the course evaluations.

- Letters of Recommendation** (2)
  1. ___________________________ Date ________________
     (Former teacher/professor)
  2. ___________________________ Date ________________

  **Please request that Letters of Recommendation be sent directly to you in a sealed envelope. Place all required application materials together and submit in one envelope. Mail to:

  Nursing and Health Department
  DeSales University
  2755 Station Avenue
  Center Valley, PA 18034
TO THE APPLICANT: Please complete this application and return it in your completed Application Packet to the Department of Nursing and Health, DeSales University, 2755 Station Avenue, Center Valley, PA 18034.

Please Print

Name: ____________________________________________________________________________________

Last First Middle Maiden

Home Phone: ________________________________ Cell Phone: ___________________________________

E-Mail: ___________________________________________________________________________________

Home Address: ______________________________________________________________________________

City:___________________________________________ State:_______________ Zip:___________________

Date of Birth: ___________________________________ ❑ Male ❑ Female

• Citizen of U.S.? ❑ Yes ❑ No

• Nonresident alien? ❑ Yes ❑ No

• Social Security No. ____________________________ Where you born in the U.S.? ❑ Yes ❑ No

• Current Employer: ____________________________________________ Phone: ________________________

• Have you previously applied to DeSales University? ❑ Yes ❑ No

If yes, when? ____________________________________________

• Date of last attendance at DeSales University (if applicable) ________________________________

• List below colleges and universities you have attended.

<table>
<thead>
<tr>
<th>College or University</th>
<th>Location</th>
<th>Date of Entrance</th>
<th>Date of Leaving</th>
<th>Degree Awarded &amp; Major</th>
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</table>
DeSales University
Department of Nursing and Health
Accelerated BSN Program
Application Form

• Employment History

Position Title
(list most recent first)  Employer  Dates
From  To

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

• Prerequisite Courses

Institution  Date

1. Two anatomy & physiology courses with lab ________________________________

2. Microbiology with lab ________________________________________________

3. Physiological Chemistry with lab ______________________________________
   (with general & organic components)

4. Basic statistics ______________________________________________________

5. Introduction to psychology ____________________________________________

6. Developmental Psychology (from birth to death) ________________________

• Ethnic Background (optional)

☐ American Indian  ☐ Black, non-Hispanic  ☐ White, non-Hispanic  ☐ Alaskan Native

☐ Hispanic  ☐ Asian or Pacific Islander  ☐ Other _________________________

• I certify that the information given on this form is complete and accurate.

_____________________________________________ __________________________
Signature of Applicant  Date of Application

A non-refundable fee of $35.00 must accompany this application. Checks are payable to DeSales University.
TO THE APPLICANT: Complete this portion of the form. Give it to the referee and request they return it to you in a sealed envelope.

NAME OF APPLICANT ______________________________________________________________________
First Middle Last

I hereby waive any right to examine this letter of recommendation. I realize that the University will only use this recommendation to evaluate my admission to the undergraduate program. I realize that a waiver of my right to access this recommendation is not a condition of my admission.

I agree to the above waiver: I do not agree to the above waiver:
Signature Date Signature Date

TO THE REFEREE: Your cooperation in providing a candid evaluation of the applicant's preparation, character, and ability is appreciated. If the applicant has agreed to the above waiver, the Department of Nursing and Health Committee will hold the letter as confidential. When you have completed this form, please sign and return to the applicant in a sealed envelope. Thank you for your assistance.

1. How long have you known the applicant and in what capacity?

2. Please check the category below that most accurately describes your judgment of the applicant's potential to successfully complete the BSN program in nursing?

- [ ] Highly recommend
- [ ] Recommend
- [ ] Recommend with reservation
- [ ] I do not recommend the applicant
3. Compared with others with whom you have taught or worked, please rate the applicant in the following areas:

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<td>Academic Ability</td>
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4. Comments: If a letter is attached, please sign both the letter and this form.

Referee’s Signature ______________________________ Date ____________________

Name __________________________ Position __________________________

(Please print or type)

Institution ____________________________________________

Address __________________________________________________________________________________

City __________________________ State ____________ Zip __________________

Home Phone __________________________ Cell Phone __________________________
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