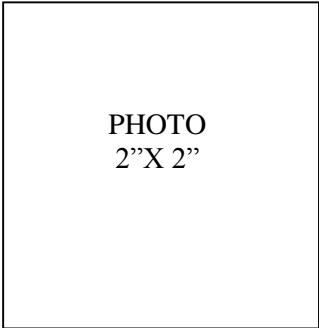




**SPARTAN HEALTH SCIENCES UNIVERSITY
BACHELOR OF SCIENCE, GENERAL NURSING**

SCHOOL OF NURSING
SPARTAN DRIVE
ST. JUDES HIGHWAY
LA TOURNEY, VIEUX FORT
ST. LUCIA, WEST INDIES

Telephone: (758) 454-6128
Facsimile (758) 454-6811
Website: www.spartanmed.org
Email: nursing.admission@spartanmed.org



Please Check: New Applicant Re-Applicant Transfer Applicant

Entry Month: September January Year _____

Personal Information

Name: _____
Last First Middle

Social Security Number: _____

Birth Date: _____ Age: _____ Sex: _____
mm/dd/yy

Birth Place: _____

Marital Status: Married Single Other

Citizenship: _____

No. of Dependents _____

Passport Information (As written on passport)

Passport No: _____ Nationality: _____

Date of Issue: _____ Date of Expiry: _____
mm/dd/yy mm/dd/yy

Permanent Address

Mailing Address

Permanent Address	Mailing Address

Telephone: _____

In case of emergency, contact _____ (Name) at _____ (Telephone #)

Education: List All School(s) Attended

School Name	Location	Dates Attended From To	Major	Degree

Check here if you completed the GED instead of graduating from high school. Indicate all high schools attended in the space provided above. Have your official GED scores as well as transcripts from high school sent directly to SHSU's Office of Admissions.

References

List two references (non-relatives) who can and will give an informed opinion of your capabilities and suitability for the Bachelor of Science Degree in the Nursing Program. These letters must contain their personal information for contact. You must enclose their letters with this Application Form.

Name	Address	Occupation	Year (s) Acquainted

Have you ever been convicted of any crime other than a minor traffic offence? Yes No
If Yes, state the circumstances in detail on a separate sheet and attach it to this application.

Have you ever been involuntarily withdrawn from or dismissed by any school? Yes No
If Yes, state the circumstances in detail on a separate sheet and attach it to this application.

How do you plan to finance your studies? Loans Personal Savings Parents /Spouse Other: _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN:

This application is incomplete until all required Supporting Material listed below have been received. Completion is solely the responsibility of the applicant and only completed applications will be considered by the Admission Committee. Admission is granted on the basis of ability and promise in Nursing. There is no discrimination on the basis of race, religion, nationality, skin colour, ethnicity, age or gender.

I, the undersigned, do hereby apply for admission to Spartan Health Sciences University, School of Nursing. I accept full responsibility for all statements made and for all documents submitted in connection with this application except for whatever is provided by my references. I certify that these are true and complete according to my present knowledge and belief. I understand that I will be dismissed from the University after due process, without entitlement of any refund of tuition or other fees paid if it is discovered that any of said statements or documents are false or incomplete.

I also understand that I will be dismissed as said above if it is discovered that I habitually abuse drugs or fail to keep my person and my clothing clean and neat or behave in an unseemly or unprofessional manner. I also understand that I will be dismissed or placed on probation for poor or failing academic work or for failing to meet my financial obligations to the University or for failing to abide by the rules of the university and any hospital, medical center or other institution where I am pursuing clinical training.

Signature of Applicant: _____

Date Signed: _____

REQUIRED SUPPORTING MATERIALS (not applicable to re-applicant)

- ✓ Non- refundable USD \$100.00 application fee: To be paid at **First Caribbean International Bank Account # 1287871**. Request two (2) receipts from the Bank. Keep one receipt as your personal copy and return the other together with your Application Form.
- ✓ Four (4) recent passport size photographs (2x2 inches)
- ✓ Completed Physical Examination and Immunization form
- ✓ Two Letters of Recommendation
- ✓ Completed Application Form
- ✓ Completed Academic Qualifications form
- ✓ Official transcripts
- ✓ Essay on Nursing Expectations (Why are you interested in becoming a nurse?)
- ✓ Certified copy/copies of School Leaving Certificate(s)
- ✓ Original Police record/ Certificate of Character
- ✓ Copy of Passport Information Page / National ID card

SEALED APPLICATION AND SUPPORTING DOCUMENTS CAN BE SUBMITTED IN PERSON OR MAILED TO THE FOLLOWING ADDRESS:

SPARTAN HEALTH SCIENCES UNIVERSITY
SCHOOL OF NURSING
 ADMISSIONS OFFICE
 P.O. BOX 324, SPARTAN DRIVE
 ST. JUDES HIGHWAY
 LA TOURNEY, VIEUX FORT
 ST. LUCIA, WEST INDIES



**SPARTAN HEALTH SCIENCES UNIVERSITY
SCHOOL OF NURSING**

ACADEMIC QUALIFICATIONS

The following refer to the academic requirements established by Spartan Health Sciences University, School of Nursing, St. Lucia, for entry into the Bachelor of Science Degree in the General Nursing Program. Please note that all required courses must be completed to be eligible for admission consideration.

Indicate by completing the appropriate table of how you have met or will meet the Nursing Program's basic academic requirements. One year is equivalent to three (3) trimesters.

COMPLETED COURSES

COURSE TITLE	NUMBER OF YEARS COURSE PURSUED	GRADES	DATE OF PENDING COMPLETION
Mathematics			
English			
Chemistry			
Biology			
Human and Social Biology			

It should not be inferred that admission is assured if these minimum academic requirements have been met by the applicant.

Applicant's Name

Date

Applicant's Signature

Social Security Number



**SPARTAN HEALTH SCIENCES UNIVERSITY
SCHOOL OF NURSING**

PHYSICAL EXAMINATION AND IMMUNIZATION FORM

Dear Doctor:

The bearer of this form has applied for admission to the above named University. The laws of the country in which it is located require that he/she has had a physical examination within the past six months prior to admission. Please complete this form and return it to the applicant. You may use an equivalent form of your own if you prefer. (Completion of this form is at the expense of the applicant.)

I hereby certify that I am a physician duly licensed to practice medicine in _____
(State or Country)

and that I have personally examined _____
(Name of Applicant)

on _____
(Date of Examination)

Physical Examination:

Height _____ meters Weight _____ kilograms

BP R Arm _____ L Arm _____ Pulse _____

Allergies _____

HEENT _____

Chest _____

Abdomen _____

Extremities _____

Genitalia _____

Mental Status _____

Condition (s) for which currently being treated _____

Please describe any uncorrectable disabilities in his/her perception, intellect, personality, communication, manipulation or ambulation which might limit or interfere with his/her education participation with that of his/her classmates

Other _____

Immunization Records

A) TB Status _____ PPD Date Performed _____ Result _____

B) Date of last Tetanus Booster _____

C) Diphtheria _____

D) MMR _____

E) Hepatitis B _____

Name of Physician _____

Address _____ Telephone _____

_____ Mobile _____

Physician's Signature

Date