

ST. JOSEPH SCHOOL OF NURSING
 5 WOODWARD AVENUE
 NASHUA, NEW HAMPSHIRE 03060
 (603) 594-2567
www.sjson.edu

Date of Receipt: _____

Application Fee Paid: _____

APPLICATION FOR ADMISSION AS NON-MATRICULATED STUDENT - Please Check Course(s) of Interest Below

- Anatomy & Physiology I (4 credits)
- Anatomy & Physiology II (4 credits) (Pre-requisite: Anatomy & Physiology I w/lab)
- Microbiology (4 credits) (Pre-requisites: Anatomy & Physiology I w/lab; Anatomy & Physiology II w/ lab)
- English Composition I (3 credits)
- English Composition II (3 credits) (Pre-requisite: English Composition I)
- Life Span Development (3 credits)
- Psychology (3 credits)
- Sociology (3 credits)

Pre-requisite(s) must have been part of another completed degree program, completed LPN program or taken within 5 years

Please complete all questions on this form and return your completed application with a \$25.00 application fee made payable to St. Joseph School of Nursing. Applicants may cancel this transaction any time prior to midnight of the third business day following the receipt of this application by the school, after which the application fee becomes non-refundable.

DATE: _____ DOB: _____ SOCIAL SECURITY #: _____

NAME: _____ MAIDEN/OTHER NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

HOME TELEPHONE #: _____ CELL PHONE #: _____

CELL PHONE CARRIER: _____

HOME ADDRESS: _____
(Street) (City) (State) (Zip Code)

E-MAIL ADDRESS: _____

COUNTRY OF BIRTH: _____ U.S. CITIZEN: YES NO
(Submit proof of legal residence in the United States: birth certificate, passport, permanent resident card)

Person to be notified in case of an emergency:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

PHONE #: _____

Secondary Education: List High School(s) attended and submit OFFICIAL Transcript(s)

From:	To:	Name of Institution:	City & State	Date of Graduation:

Post-Secondary Education: List College(s) Pre-requisite(s) was completed at and submit OFFICIAL transcript(s)

From:	To:	Name of Institution:	City & State	Date of Graduation:

Refer to Student Catalog/Handbook on school website for School Policies.

Minimum enrollment required.

Completed applications can be emailed: SJN-SON_info@sjnh.org, faxed: (603)-578-5028, or mailed: SJSON, 5 Woodward Ave., Nashua, NH 03060