Bachelor of Nursing (Collaborative) Program

Nursing Consortium Office: Office of the Registrar St. John’s, NL Canada A1C 5S7 - 709.864.6871/6703 Fax: 709.864.2337
Email: nursingadmissions@mun.ca; Website: www.mun.ca/nursingadmissions

Instructions for Applicants
The forms enclosed are required as part of your application to the Bachelor of Nursing (Collaborative) Program. Please read all information prior to completing these forms. Incorrect and/or missing information may jeopardize your inclusion in this year’s selection process.

Bachelor of Nursing (Collaborative) Application Form
Mail, drop off, fax or email completed forms along with supporting documentation to the Nursing Consortium Office. ALL DOCUMENTATION MUST BE RECEIVED NO LATER THAN MARCH 1. LPN Bridging Option applicants MUST submit their documents NO LATER THAN FEBRUARY 1.

Memorial University Undergraduate Application for Admission/Readmission
In addition to the Bachelor of Nursing (Collaborative) Program Application for Admission you must submit the Memorial University Undergraduate Application for Admission/Readmission by March 1 (February 1 for LPN Bridging Option applicants) if you:
- Have previously attended Memorial University of Newfoundland but have not attended for three consecutive semesters
- Have attended a post-secondary institution within Newfoundland and Labrador other than MUN
  If either of the above applies, the application fee is $50
- Have attended a post-secondary institution outside Newfoundland and Labrador
- Are a non-Canadian applicant not currently attending MUN
  If either of the above applies, the application fee is $100

Official Transcripts and Supporting Documentation
- Official copy of high school grades (unless a graduate from NL high school within past two years)
- Copy of Level II grades (if presently attending high school out-of-province)
- Copy of mid-term grades (if presently attending high school in-province). These grades MUST be submitted by the applicant to the Nursing Consortium Office.
- Up-to-date official transcripts from each university and/or college presently attending or have attended in the past (other than Memorial University of Newfoundland)
- Self-Appraisal form (which is included with the application)
- One Reference form from an ACADEMIC source. LPN Bridging applicants MUST also include a reference from a current employer or a practical nursing faculty member regarding clinical performance. Please be advised that referees cannot be relatives. Completed Reference Forms must be submitted by the referee and must be received by the March 1 deadline date (February 1 for LPN Bridging Option) or your application will not be considered. It is your responsibility to ensure that all references are received in the Nursing Consortium Office by the application deadline date (reference forms are available through the Consortium Office website www.mun.ca/nursingadmissions)
- Proof of aboriginal ancestry and letter of request for consideration under the Aboriginal Clause, if applicable
- Official LPN transcript and registration, if applicable

Note: Students who applied in the previous year to the Bachelor of Nursing (Collaborative) Program and submitted all of the above documents are required to submit the Bachelor of Nursing (Collaborative) Program Application for Admission, the self-appraisal form, one reference form, final high school grades (if applicable) and the Undergraduate Application for Admission/Readmission (if applicable).

October 2014
# BACHELOR OF NURSING (COLLABORATIVE) PROGRAM APPLICATION FOR ADMISSION

Memorial University of Newfoundland  
Centre for Nursing Studies  
Western Regional School of Nursing  
100 Forest Road, St. John’s  
Corner Brook

MUN Student Number: ___________________(if known)    Date of Birth: ______________________

Last Name: ___________________________    First Name: ___________________________

ADDRESS: Permanent: ___________________________    Telephone: ___________________________

Postal Code: ___________________________

Local: ___________________________    Telephone: ___________________________

Postal Code: ___________________________

Degree Programs (Check all that apply):

□ 4-year Program    □ LPN Bridging Option    □ Transfer from other BN/BScN program

□ Fast-Track Option: □ Degree awarded OR □ Degree in progress OR □ Advanced Standing

If you are applying to the Fast-Track Option, do you also wish to be considered for the four (4) year program? □ YES □ NO

Did you apply to the BN (Collaborative) Program last year? □ YES □ NO

Have you been enrolled in the BN (Collaborative) Program before? □ YES □ NO

Indicate if you wish to be considered under the Aboriginal Clause as stated in the University Calendar. □ YES □ NO

Indicate the preferred Site you wish to attend: (Rank your first, second, and third choice).

Memorial University of Newfoundland School of Nursing, St. John’s  
Centre for Nursing Studies, 100 Forest Road, St. John’s  
Western Regional School of Nursing, Corner Brook

ACADEMIC RECORD: List in chronological order, high school, university, professional, technical, or vocational education.

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<thead>
<tr>
<th>Education</th>
<th>Institution</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Education Obtained</th>
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REFERENCES: Please indicate below the name of one ACADEMIC referee. LPN Bridging Option applicants must submit TWO references. Reference Forms can be found at: www.mun.ca/nursingadmissions.

Name: ___________________________    Address: ___________________________    Position: ___________________________

1. ___________________________    ___________________________
DECLARATION

I certify that this application is a true and complete disclosure of the information requested. I have arranged to have the documents sent directly to: the Nursing Consortium Office, Office of the Registrar, Memorial University of Newfoundland, St. John’s, NL Canada, A1C 5S7; 709-864-2337; nursingadmissions@mun.ca.

- Bachelor of Nursing (Collaborative) Program Application
- Self-Appraisal Form
- One letter of reference from an ACADEMIC source is required and must be submitted to the Nursing Consortium Office by the deadline date. LPN Bridging Option applicants must submit TWO references. *It is the responsibility of the applicant to ensure that all references are received at the Nursing Consortium Office.*

I understand that if my mailing address or e-mail address should change it is my responsibility to ensure the Office of the Registrar has the up-to-date information.

I understand that all documentation must be received or postmarked by **March 1**. LPN Bridging Option documents are required by **February 1**.

I understand that if I am not a current student at Memorial University and/or have not registered for courses at this University in either of the three semesters immediately preceding the semester for which this application is being made, I must also complete the Undergraduate Application for Admission/Readmission to the University, apply online at www.mun.ca/regoff/admission or by contacting the Office of the Registrar at 709.864.4431.

Admission to the Bachelor of Nursing (Collaborative) Program is conditional upon admission/readmission to the University.

Signature  __________________________________________

Date  ____________________________________________________________________

*Applications and/or supporting documents received after the deadline date will result in the application being deemed incomplete and therefore ineligible for consideration.*

Once conditionally accepted into the Bachelor of Nursing (Collaborative) Program, applicants must submit proof of certification of Standard First Aid and CPR Level HCP and must meet the **ARNNL’s Requisite Skills and Abilities for Entry-Level Registered Nurse Practice document** which can be found on the ARNNL website.

For additional information, please visit our Nursing Admissions Website: www.mun.ca/nursingadmissions
BACHELOR OF NURSING (COLLABORATIVE) PROGRAM

Self-Appraisal Form

Name: ____________________________________________________________

MUN Student Number: _____________________________________________

Check any courses in progress to meet admission requirements to the BN (Collaborative) program:

Name of Institution attending: _______________________________________

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<tr>
<th>Four Year Program</th>
<th>Fast-Track Option</th>
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<tbody>
<tr>
<td>High school Biology 2201 or equivalent</td>
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<td>High school Biology 3201 or equivalent</td>
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<tr>
<td>High school Chemistry 3202 or equivalent</td>
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Summarize any volunteer work, awards and scholarships that you may have received, and any additional information relevant to your candidacy for the Bachelor of Nursing (Collaborative) Program: ____________________________________________

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October 2014