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Xavier University
Master of Science in Nursing: Direct Entry as a Second Degree (MIDAS)
Application
(Complete if not applying online)

PERSONAL PROFILE

Name _____
Last
First
Middle

Other name(s) records may be listed under (maiden) _____

Home Address _____
Number and Street Name

_____ *City* *State* *Zip Code*

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Business Name _____

_____ *Number and Street Name*

_____ *City* *State* *Zip Code*

Social Security Number _____ Date of Birth _____

Citizenship _____ Will you need a study visa? _____

I am applying for the fall semester of 20_____
(Year)

DEMOGRAPHIC INFORMATION

The information in this section will not be used in making an admission decision. Your disclosure of this information is voluntary, but is valuable to the University for statistical planning and administrative purposes:

Ethnic origin: ___ American Indian ___ Asian ___ Black ___ Hispanic ___ White ___ Other _____

Marital Status: _____ Gender: _____ Religion: _____

EDUCATIONAL PROFILE

Please list chronologically the colleges and universities attended. Request one official copy of transcripts from all schools attended.

Name of Institution	Dates of Attendance	GPA	Degree
_____	Year _____ To Year _____	_____	_____
_____	Year _____ To Year _____	_____	_____
_____	Year _____ To Year _____	_____	_____

EMPLOYMENT PROFILE

Please list chronologically the last three positions you have held. List your current employment first.

Name of Business	Dates of Employment	Position Held
_____	Year _____ To Year _____	_____
_____	Year _____ To Year _____	_____
_____	Year _____ To Year _____	_____

GRADUATE RECORD EXAMINATION (GRE) INFORMATION

Have you taken the GRE? If so when?

GRE: Month/year taken _____

Verbal score _____ Quantitative score _____ Analytical score _____

Have you had your GRE scores sent to Xavier? Yes No

When do you plan to take or retake the GRE? _____

Note: An official GRE score report must be sent directly to Xavier University.

REFERENCE INFORMATION

List the names of the three persons whom you are asking to complete one of the reference forms. Include their positions and their place of employment/business.

If you graduated within the last five years, at least one should be from a faculty member and one from a current employer.

Name	Position	Institution
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Include with this application a personal essay packet. In addition to providing information regarding career goals, this document will also be reviewed to establish the applicant's professional writing ability.

I certify that the information contained in this application is completed and accurate. I understand that incorrect or withheld information can be the cause of refusal of admission, cancellation of admission or cancellation of credits.

Signature: _____ Date _____

This application along with the \$35 application fee should be returned to:

Marilyn Gomez, Director for Nursing Student Services
 Department of Nursing
 Xavier University
 3800 Victory Parkway
 Cincinnati, OH 45207-7351

Telephone: (513) 745-4392/ Email: gomez@xavier.edu

Xavier University is an academic community committed to opportunity for all persons regardless of age, sex, race, religion, handicap or national origin.

For Office Use Only App Fee: Y N Date: _____ XUID: _____