Please follow these directions:

1. Print clearly or type all responses. Be particularly careful in printing the e-mail address.
2. Complete all sections (except where optional or statement does not apply).
3. Include a copy of DARS (please be sure that your name appears on your DARS) or unofficial copies of transcripts of previous academic work with transfer evaluations.
4. Once your application is received, please direct your inquiries to the nursing department; call 215-707-4686.
5. Submit the completed application with a $15 check or money order (do not send cash) made payable to Temple University.
6. Send or hand deliver application, essay and fee as appropriate to:

   **Mailing Address:**  
   Attn: Department Clerk  
   Department of Nursing  
   College of Public Health  
   Temple University  
   3307 North Broad Street  
   Philadelphia, PA 19140

   **Hand Delivery Address:**  
   Department of Nursing  
   Jones Hall – Room 504  
   1316 W. Ontario Street  
   Philadelphia, PA 19140

**APPLICATION DEADLINE: February 15th**

Please note the following:

To be considered, you must have a 3.25 GPA and a strong background in Math and Sciences. It is recommended that you contact Kris Scott, Nurse Advisor, for additional information. His email is tuf74857@temple.edu.

If you are accepted into the BSN Program, you will begin as a freshman student and remain in the nursing program for four (4) years. This is due to the sequencing of nursing courses and clinical fieldwork; they begin in the freshman year and are every semester for the four (4) years.
I wish to be considered as an applicant for Fall _____ semester to the Department of Nursing 4 Year BSN Program.

1. TUid: __________________________
2. Name: __________________________
3. Permanent Address:
   Street Address __________________________ Apt, if applicable __________________________
   City __________________________ State __________________________ Zip Code __________________________
   Phone Number __________________________ Temple Email Address __________________________
4. Date of Birth: ___ /___ /_____
5. Gender:         Male         Female
6. Ethnicity:      ☐ African American      ☐ Native American
                     ☐ Asian or Pacific Islander      ☐ White
                     ☐ Hispanic      ☐ Other
7. Indicate your High School Scores:      SAT:  V_______ M_______ | ACT: _______
8. List college honors, awards, or distinctions received:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
9. Current GPA: ______
10. List all colleges and universities that you have attended. List the most recent college/university first and provide dates of attendance. Please provide transcripts from all schools listed.

   Name of Institution __________________________
   City & State __________________________ Dates __________________________ Major __________________________ Credits __________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

11. Please attach an essay typed on one page explaining the reason for your interest in the BSN Program.

PLEASE NOTE THAT ALL CREDENTIALS FILED IN SUPPORT OF THE APPLICATION BECOME PROPERTY OF TEMPLE UNIVERSITY COLLEGE OF PUBLIC HEALTH AND ARE NOT RETURNABLE TO THE APPLICANT.

ALL Applicants please read and sign the following:

I understand that any misrepresentation of facts on this application or withholding of information may be cause for refusal of admission, dismissal or other disciplinary action if they are subsequently discovered.

Signature __________________________ Date __________________________