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 if applicable.
4. Once your application is received, please direct your inquiries to the nursing department; call 215-707-4686.
5. All application materials can be sent, or hand delivered to the locations below:

   **Mailing Address:**
   Attn: Andrea Darden
   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:** March 1st

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 all current Temple University students meet with a Nursing Advisor for questions regarding the application process. The Nursing Advisors can be reached at the email addresses below:

Natashia Huff, Nursing Advisor | Email: tul41294@temple.edu (Students with last names A-L)
Kris Scott, Nursing Advisor | Email: tul74857@temple.edu (Students with last names M-Z)

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 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: __________________________
   First                        Middle                        Last
3. Permanent Address:
   Street Address
   Apt, if applicable
   City
   State
   Zip Code
   Phone Number
   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 Standardized Test Scores (optional): SAT: V_______ M_______ | ACT: C_______
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