

# School of Nursing

## Applicant Information Sheet

School of Nursing • P.O. Box 980567 • Richmond, Virginia 23298-0567

Please complete, using the reverse side if additional space is needed.

Legal Name

Last	First	MI
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Semester and year of entry

Entry level

<input type="checkbox"/> Summer <input type="checkbox"/> Fall ~ Year:	<input type="checkbox"/> Accelerated MS <input type="checkbox"/> Traditional MS or Non-BSN RN <input type="checkbox"/> RN-MS
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1. Do you speak a language other than English fluently?
  - a.  Yes  No
  - b. If yes, what language(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have you held leadership positions?
  - a.  Yes  No
  - b. If yes, please describe these positions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Have you lived in a country other than the US?
  - a.  Yes  No
  - b. If yes, where and when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Have you had any international experiences such as the Peace Corp?
  - a.  Yes  No
  - b. If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you published?
  - a.  Yes  No
  - b. If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Do you have special talents in the arts, technology or business?
  - a.  Yes  No
  - b. If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Have you received any honors or awards?
  - a.  Yes  No
  - b. If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_