

RN to BSN    RN to MSN (FNP)    RN to MSN (Nursing Ed.)   *Be sure to attach a copy of your RN License.*  
**Certificate Programs:**    Case Management    Health Informatics    School Nurse

*This application should be used by applicants who hold Bachelor's Degrees to apply to take undergraduate-level courses.  
Please type or print in ink.*

Social Security Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Title:    Mr.    Ms.    Dr.                      Gender:    Male    Female                      Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
                    Last                                      First                                      Middle

Home Address: \_\_\_\_\_  
                    Number and Street                                      Pennsylvania County (if PA Resident)

\_\_\_\_\_  
                    City                                      State                                      Zip Code

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

I plan to enter Slippery Rock University:       Fall 20\_\_       Spring 20\_\_       Summer 20\_\_

I plan to enroll:       Full-time       Part-time                      Pennsylvania Resident?       Yes       No

I am a:       Veteran       Non-Veteran       U.S. Citizen       Non-U.S. Citizen  
                     Permanent Resident of U.S.: (Permanent Resident Number \_\_\_\_\_)

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
                    (For International Applicants Only)                                      (For International Applicants Only)

**APPLICATION INTENT**

Please indicate your reason for pursuing Post-Baccalaureate studies:

- 1)  To schedule courses for personal enrichment and not declare a program of study in a degree-granting program  
*Your admission is valid for one semester. No application fee required.  
Please submit official transcript showing bachelor's degree earned.*
- 2)  To prepare for graduate study in \_\_\_\_\_  
*Your admission is valid for one semester. No application fee required.                      (Area)*  
*Please submit official transcript showing bachelor's degree earned.*
- 3)  To earn a second baccalaureate degree in \_\_\_\_\_  
*(If in Education, you must complete number 4 or 5.)  
Please submit official transcripts from **all** post-secondary schools attended. A \$25.00 application fee is required.*
- 4)  To earn an initial certificate to teach (including school nurse certification) \_\_\_\_\_  
*(Area of Certification)*  
*Please submit official transcripts from **all** post-secondary schools attended. A \$25.00 application fee is required.*
- 5)  To add a different area to an existing certification \_\_\_\_\_  
*(Area of certification to be added)*  
*Please submit official transcripts from **all** post-secondary schools attended. A \$25.00 application fee is required.*
- 6)  To make a certificate permanent (You must already possess a valid teaching certificate) \_\_\_\_\_  
*(Area)*  
*Please submit official transcripts from **all** post-secondary schools attended. A \$25.00 application fee is required.*
- 7)  ACT 48 Credit \_\_\_\_\_  
*Please submit copy of teacher certification. No application fee required.*



**EDUCATIONAL BACKGROUND**

Colleges Attended: In chronological order beginning with the most recent, please list all post-secondary educational institutions you have attended. Failure to list all institutions regardless of time attended may lead to dismissal from Slippery Rock University.

| Name | Dates Attended | Degree(s) Earned | Major(s) |
|------|----------------|------------------|----------|
|      |                |                  |          |
|      |                |                  |          |

Did you attend the above schools under another name? If so, please indicate your previous name: \_\_\_\_\_

If you have ever applied to or attended Slippery Rock, please state most recent semester and year: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SRU Post-Baccalaureate Policy For Those Seeking Initial Teacher or School Nurse Certification**

It is the policy of Slippery Rock University's College of Education not to accept any Post-Baccalaureate candidates into any initial teacher certification program if they do not have either an undergraduate or graduate quality point average of at least 2.8 on a 4.0 scale. If your GPA was between a 2.5 to a 2.8, and you graduated more than three (3) years ago, probationary status **may** be possible. Contact the College of Education. Therefore, while you may be admitted to Slippery Rock University for Post-Baccalaureate study, unless you have attained the above-mentioned quality point average at an institution from which you have graduated, you will **not** be permitted to take any courses leading to initial teacher certification. If you meet the afore mentioned QPA requirements, contact the appropriate department in the College of Education to complete the Post-Baccalaureate Application for Admission to Teacher Certification Programs Form and arrange academic advising immediately upon an offer of admission prior to enrolling for coursework.

Your initials indicate that you have read the above policy and understand it. \_\_\_\_\_(Initials)

Official transcripts are those sent directly from the college or university. Failure to disclose all schools attended, regardless of the amount of time attended, will lead to dismissal from Slippery Rock. All official records should be sent directly to the Office of Admissions, Slippery Rock University, Slippery Rock, PA 16057. (1-800-929-4778)

**SUPPLEMENTAL INFORMATION**

The University is required to collect race and gender data on those individuals applying for admission. The applicant is therefore asked to voluntarily answer the following questions. This information will be used for statistical compilation and reporting purposes only in a personally non-identifiable form and will not in any way be a part of the institution's decision with regard to the applicant.

- Racial/Ethnic Identity:
- |   |   |
|---|---|
| <input type="checkbox"/> 1. American Indian or Alaskan Native | <input type="checkbox"/> 4. Hispanic                      |
| <input type="checkbox"/> 2. Asian or Pacific Islander         | <input type="checkbox"/> 5. White, not of Hispanic Origin |
| <input type="checkbox"/> 3. Black, not of Hispanic Origin     | <input type="checkbox"/> 6. Alien or Other                |

**CERTIFICATION**

I certify that the information given on this application including the reasons stated to enroll is complete and correct and that I have attended no institution(s) other than those listed. I understand that I am responsible for arranging the forwarding of official transcripts from all schools I have attended, and that such transcripts become the property of Slippery Rock University and will not be returned.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Slippery Rock University is committed to providing leadership in taking affirmative action to attain equal educational and employment rights for all persons, without regard to race, sex, handicap, or other legally protected classification. This policy is placed in this document in accordance with state and federal laws including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Please direct equal opportunity inquiries to the Social Equity Office, 108 Old Main, Slippery Rock University, Slippery Rock, PA 16057.*

| FOR OFFICE USE ONLY       |       |
|---------------------------|-------|
| Application fee required? | _____ |
| Application fee paid?     | _____ |
| SCM Code                  | _____ |
| Transcript received       | _____ |