



# SCHOOL OF NURSING

## Application Form

Applicant Name: Mr. Mrs. Miss Ms. \_\_\_\_\_  
Last Name, First Name, Middle Name

Address: \_\_\_\_\_  
Street Address City, Province, Country Postal/Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously applied to the TWU School of Nursing? No Yes Date: \_\_\_\_\_

Note: Admission to the School of Nursing is contingent on a clean [Criminal Record Check](#) and meeting the [CRNBC Requisite Skills and Abilities](#)

**New students:** send your application by email to [admissions@twu.ca](mailto:admissions@twu.ca)

**Current TWU Students:** send your application by email to [twunursing@twu.ca](mailto:twunursing@twu.ca)

**Deadline: February 28** (deadline for current TWU students applying for early review: **February 1**)

*Your answers to the following questions are very important and will be evaluated as part of your overall application to the School of Nursing.*

1. What attributes or skills do you possess that will help you manage the demands of this rigorous academic program?

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2. In 500 words, or less, explain why you want to be a Registered Nurse (RN) and why you want to pursue your education at Trinity Western University.

3. Describe relevant volunteer, work, or extra-curricular commitments including how these experiences could apply to nursing.

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

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