



Concordia College
GRADUATE SCHOOL OF NURSING
1739 Pedro Gil Street, Paco, Manila
Tel. No. 564-2001/02

Name: \_\_\_\_\_
(First) (Middle) (Last)

Permanent Address:

Telephone/Mobile Phone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

BSN Degree received at: \_\_\_\_\_ Year: \_\_\_\_\_

PERSONAL DATA

Date of Application: \_\_\_\_\_

I hereby apply for the admission to the Master of Science in Nursing Program beginning \_\_\_\_\_
and plan to finish in \_\_\_\_\_.

1. Age: \_\_\_\_\_ 2. Birth date: \_\_\_\_\_ 3. Citizenship: \_\_\_\_\_ 4. Marital Status: \_\_\_\_\_

5. Name of Spouse: \_\_\_\_\_ 6. Parent's/Guardian's name: \_\_\_\_\_

7. If accepted, student's status will be: [ ] full time [ ] part time

8. If working, present position: \_\_\_\_\_

Agency & Address: \_\_\_\_\_

Chief Nurse/Dean, College of Nursing: \_\_\_\_\_

9. Choice of major:

- 1. Nursing Administration
2. Advanced Maternal & Child Nursing
3. Advanced Medical-Surgical Nursing
4. Advanced Psychiatric Nursing
5. Advanced Public Health Nursing

10. Work plans after graduation (important for guidance in programming your course)

ACADEMIC & PROFESSIONAL RECORD

Please list schools, colleges & universities attended starting with the basic nursing degree. Enclose with this application official Transcript of Record of each of the colleges and gradate listed or request the school to send one to the Dean of Graduate School, Concordia College.

Table with columns: A. SCHOOL, COLLEGES OF NURSING; DATE ATTENDED (From, To); DEGREE & YEAR OBTAINED

Please list staff development/training programs participated in:

Table with columns: B. PROGRAMMES; SPONSORED BY; DATE ATTENDED

Please list 3 recent positions occupied & area of experience:

Table with columns: C. POSITION HELD; AGENCY

D. Distinction, Honors and Awards (*Academic & Extra-Curricular*)

---



---



---



---

**SELF-APPRAISAL**

NOTE TO CANDIDATE: *We are asking from your considerable time and effort. We want to assure you that this appraisal would be very helpful to us and greatly appreciated. Any information you provide will be treated strictly confidential.*

1. What do you consider your talents or strengths?

---



---



---

2. What do you consider your major liabilities or weaknesses?

---



---



---

3. How do you rate yourself -

a. in terms of intellectual ability?

- Outstanding (top 5%)    
  Excellent (top 15%)    
  Good (top third)    
  Average (Middle third)    
  Poor (Bottom third)

Remarks: \_\_\_\_\_

b. in terms of administrative or teaching ability or potentials?

- Outstanding (top 5%)    
  Excellent (top 15%)    
  Good (top third)    
  Average (Middle third)    
  Poor (Bottom third)

Remarks: \_\_\_\_\_

c. in terms of emotional maturity?

- Outstanding (top 5%)    
  Excellent (top 15%)    
  Good (top third)    
  Average (Middle third)    
  Poor (Bottom third)

Remarks: \_\_\_\_\_

d. in terms of self-direction, motivation and initiative?

- Outstanding (top 5%)    
  Excellent (top 15%)    
  Good (top third)    
  Average (Middle third)    
  Poor (Bottom third)

Remarks: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

*Do not write below this line*

Action Taken: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**SIGNATURE**

