

Please enter your information by typing directly in the boxes.  
Save or print this file and then send it back to us by e-mail, fax or regular mail.

**International Education Programs**  
**University of California, Riverside**  
1200 University Ave., Riverside, CA 92507 USA  
Phone: 951-827-4346 Fax: 951-827-5796

**Agent: Albino Marks**  
**GLOBAL NURSING REVIEW PROGRAM**

Today's Date: (mm/dd/yy)

**APPLICANT'S INFORMATION** (Please print or type)

**Page 1/4**

Last Name: First Name: Middle Name:  
Address: Date of Birth: (mm/dd/yy)  
City: State/Province: Postal Code: Country:  
Home Phone: Cell Phone: Email:  
(Include country code)  
Eye Color: Height Feet: Graduated High School: Primary Language:  
Inches: Year:  
Previous Names: (including maiden name) Mother's Maiden Name: (if any)

**PROFESSIONAL EDUCATION**

Name of Professional Registered Nursing School:

Address:

City: State/Province: Postal Code: Country:

Type of Nursing Program/Certificate/License:

# Years: Start Date(mm/dd/yy): Graduation Date(mm/dd/yy):

Prerequisites for admission:

\*B.A./B.S. Degree: Start Date: Graduation Date:  
(mm/dd/yy) (mm/dd/yy)

\*Master's Degree/Nursing: Start Date: Graduation Date:  
(mm/dd/yy) (mm/dd/yy)

Attach a photocopy of your license that allows you to practice professional nursing in the country where you were educated

**PROFESSIONAL EXPERIENCE** (Attach additional sheet if necessary)

Name of Hospital/Organization:

Address: Tel. #: Fax. #:

City: State/Province: Postal Code: Country:

From: To: Position:

Supervisor's Name: Tel. #:

Supervisor's E-mail:

Describe your job duties & responsibilities: (Attach additional sheet if necessary)

Attach most recent photo here  
2" by 2"  
Head and shoulders only

**APPLICANT'S INFORMATION** (Please print or type)

**Page 2/4**

Last Name:

First Name:

Middle Name:

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Have you ever been licensed as a Registered Nurse in your country? Yes No

If Yes, License Type: Issue Date: (mm/dd/yy) Lic #:

Have you ever had any other health-care related license or certificate in your country? Yes No

If Yes, License Type: Issue Date: (mm/dd/yy) Lic #:

Have you ever applied for or taken an RN examination in your country? Yes No

If Yes, Please explain:

Have you ever been denied an RN or any other health-care related license/certificate in your country? Yes No

If Yes, License Type: Date: (mm/dd/yy)

Have you ever applied for or taken an RN examination in California? Yes No

If Yes, License Type: Date: (mm/dd/yy)

Have you ever been denied an RN or any other health-care related license/certificate in California? Yes No

If Yes, License Type: Date: (mm/dd/yy) Lic #:

Have you ever had disciplinary proceedings against any license as an RN or against any health-care related license, including revocation, suspension, probation, voluntary surrender, or any other proceedings in any state or country? Yes No

If Yes, please provide a detailed written explanation below, including the date and state or country where the discipline occurred:

Have you ever been convicted of any offense other than minor traffic violations? Yes No

If Yes, please provide a detailed written explanation below, including the date and state or country where the conviction occurred:

Have you ever been convicted of any drug offense? Yes No

If Yes, please provide a detailed written explanation below, including the date and state or country where the conviction occurred:

Do you take drugs which have not been prescribed for you? Yes No

If Yes, please provide a detailed written explanation below. (Please be aware that you will be tested for drug usage in the U.S.)

**APPLICANT'S INFORMATION** (Please print or type)

**Page 3/4**

Last Name:

First Name:

Middle Name:

Please give the score and date for any English language test you have taken:

TOEFL:            Date:            TOIEC:            Date:            MPT:            Date:

IELTS:            Date:            TSE:            Date:

ATI-RN Comprehensive Predictor:            %            Date:            Nursing program taught in English?    Yes    No

Please send a copy of the official score report for every test you have taken.

**WRITE BRIEFLY, IN ENGLISH, THE REASONS THAT YOU CHOSE TO BE A NURSE**

I CERTIFY, UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL INFORMATION PROVIDED IN CONNECTION WITH THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. PROVIDING FALSE INFORMATION OR OMITTING REQUIRED INFORMATION IS GROUNDS FOR DENIAL

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ALL INFORMATION REQUESTED ON THIS FORM MUST BE SUBMITTED WITH COMPLETE OFFICIAL TRANSCRIPTS.  
 Transcripts received from the school in a foreign language will require an official English translation.  
 The Original foreign language transcript and the English translation of the transcript **must both be sent.**

**APPLICANT'S INFORMATION** (Please print or type) **Page 4/4**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (mm/dd/yy)  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Previous Names: (including maiden name) \_\_\_\_\_ Mother's Maiden Name: (if any) \_\_\_\_\_

**PROFESSIONAL EDUCATION**

Name of Nursing School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Entrance Date(mm/dd/yy): \_\_\_\_\_ Graduation Date(mm/dd/yy): \_\_\_\_\_  
 School Contact Name: \_\_\_\_\_ School Contact Phone: \_\_\_\_\_  
 School Contact Fax: \_\_\_\_\_ School Contact Email: \_\_\_\_\_

Required Courses	Course number and /or Title	Total hours of Theory Instruction	Total hours of Lab/Clinical Instruction
Anatomy & Physiology			
Microbiology			
Medical Nursing **			
Surgical Nursing **			
Obstetric Nursing			
Pediatric Nursing			
Psychiatric Nursing			

\*\* Attach course description(s) to this form showing evidence of **GERIATRIC** content in these nursing areas.  
 Failure to submit course descriptions may delay application processing.

**If you are accepted to the GLOBAL NURSING REVIEW PROGRAM, you will be required to have your educational institution submit your transcripts directly to the State of California, along with a certified English translation, if necessary.**

Please enter your information by typing directly in the boxes.  
 Save or print this file and then send it back to us by e-mail, fax or regular mail.

**International Education Programs  
 University of California, Riverside**

1200 University Ave., Riverside, CA 92507 USA  
 Phone: 951-827-4346 Fax: 951-827-5796

**APPLICATION  
 GLOBAL NURSING REVIEW PROGRAM**

Please print clearly or type  
 Have you ever applied to any of our programs before?  
 Yes No  
 I plan to enroll in: \_\_\_\_\_  
 Program Dates: \_\_\_\_\_ Year \_\_\_\_\_  
 Family/Last Name: \_\_\_\_\_  
 Given/First Name: \_\_\_\_\_  
 Male Female  
 Birth date (Month/Day/Year): \_\_\_\_\_  
 If younger than 18, please complete the Parental Release form.  
 Country of Citizenship: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_  
 If available, send copy of identification page (photo, name, etc.) of your passport.

**Applicant's home address**

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Mail acceptance materials to me at (if different from home address):**

Addressee: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 (Area Code)

How would you like us to mail your acceptance materials?

Regular mail (Free)

Express mail (Please include extra \$40 fee.)

If you apply within 30 days of the program, your acceptance will be mailed by express mail and you will be responsible for the fee.

**What type of housing would you like?**

International residence center

International Village

Home stay

I will arrange my own housing

Level of study completed: High school University  
 Name of school/university: \_\_\_\_\_  
 How did you first hear about us? \_\_\_\_\_  
 From whom did you receive this brochure? \_\_\_\_\_  
 Do you need an I-20 for a student visa? Yes No  
 If **yes** please fill out application for I-20.  
 If "no" please explain: \_\_\_\_\_

PLEASE SEND APPLICATION FORM  
 AND \$90 APPLICATION FEE TO:  
 International Education Programs, UC Riverside,  
 Extension,  
 1200 University Avenue, Riverside, CA 92507-4596, U.S.A.  
 Phone: (1-951) 827-4346, Fax: (1-951) 827-5796  
 E-mail: [ucriep@ucx.ucr.edu](mailto:ucriep@ucx.ucr.edu)

**APPLICATION FOR I-20 Global Nursing Review Program  
 BANK LETTER**

Please include an original bank letter with your application. It should include a bank official's signature, the official bank stamp and must indicate sufficient funds for your school and living expenses. (See required amounts below.)

Global Nursing Review program	\$ 28,900
36-week AYCP program	\$ 18,150
30-week AYP program	\$ 17,300
10-week English, DYO, ITA or TESOL programs	\$ 6,400
6-week English programs	\$ 4,500
2-to-4-week English programs	\$ 3,100

If the bank account does not belong to the student, please complete the following:

Sponsor Name: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City and Postal Code: \_\_\_\_\_  
 Province/State: \_\_\_\_\_  
 Country: \_\_\_\_\_

**DEPENDENTS (for F-2 visa)**

If your spouse and/or child(ren) will accompany to the United States, please include the following for each person: family name, given name, gender, spouse or child date of birth, country of birth, and if available, photocopy of passport.

Family Name	Given Name	M/F	S/C	DOB	Country
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**TRANSFER STUDENTS**

Previous school name: \_\_\_\_\_  
 Completion date at previous school: \_\_\_\_\_  
 Include a photocopy of your I-20. We will send you a Transfer Request form. Return the Transfer Request form to your previous School's foreign student office.

**PAYMENT OF FEES**

Fees may be paid by cashier's check/money order payable to "UC Regents" or by VISA or MasterCard:  
 VISA/MasterCard number: \_\_\_\_\_  
 Expiration date: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_

"Please charge \_\_\_\_\_ to my VISA/MasterCard for the following non-refundable fees."

- \$ 90 Enrollment Application fee
- \$ 70 On-Campus Housing Placement fee
- \$150 Homestay Placement fee
- \$ 50 Express Mail fee

Other fees: (may be refundable) \_\_\_\_\_