

SUPPLEMENTARY ADMISSIONS DATA (SAD) FORM

For those Applicants wishing to be considered for the First Consideration Deadline, the Yeates School of Graduate Studies Admissions Office must have received ALL of the Required and Supporting Documentation – no later than – January 13, 2012.

Please complete all sections. **TYPE** or **PRINT** carefully. Review the **Guide to Completing the Master of Nursing Application** document [click here](#) for detailed application instructions. Note that applications without the correct fee payment will not be processed.

Mr. Miss	Mrs. Ms.	Last Name	Given Name(s)							
E-mail			Previous Ryerson Student Number (If Applicable)							

To ensure that you receive your Ryerson University, School of Graduate Studies emails, please add grdadmit@ryerson.ca to your address book

INSTRUCTIONS – SECTION I You are required to indicate the stream and field of study or program you are applying to. You will select one of the following: **A.** Thesis Stream, **B.** Course Stream, **C.** MN/PHCNP Certificate (combined program). For both the thesis and the course stream you must also indicate your chosen field of study and time-to-completion option. For the combined MN/PHCNP Certificate you will also select either the full-time or part-time program.

1. Please Check **ONE** of the following:
 - A. Thesis Stream (full-time only)
 - OR**
 - B. Course Stream
 - OR**
 - C. Combined Master of Nursing/Primary Health Care Nurse Practitioner Certificate

2. If you have checked either **Box A or B** then please indicate your chosen field of study. If you have checked **Box B** then please also indicate your chosen Time-to-Completion option:

Field of Study

- Field I - Leadership in Health Care Policy & Education
- Field II - Health & Illness of Individuals & Communities

Course Stream Time-to-Completion Options

- Full-time (5 term maximum time-to-completion)
- Part-time (9 term maximum time-to-completion)

3. If you checked **Box C** then please select either the full-time or part-time program:

- Full-time Program (maximum 2 year time-to-completion)
- Part-time Program (maximum 4 year time-to-completion)

INSTRUCTIONS – SECTION II You are required to list the names and contact information of your referees. Applicants that have checked either **Box A or B** in section I, please list the names and contact information of your **TWO** referees. Indicate whether they are an **Academic** or **Professional** reference. Applicants that have checked **Box C** in Section I, please list the names and contact information of your **THREE** referees. Indicate whether they are an Academic, Professional, or Practice reference.

Reference ONE

Academic	Professional		Practice
Referee Last Name		Referee Given Name(s)	
Institution			E-mail Address
Address			City
Province/State	Country	Postal or Mailing Code	Telephone Number

Reference TWO

Academic	Professional		Practice
Referee Last Name		Referee Given Name(s)	
Institution			E-mail Address
Address			City
Province/State	Country	Postal or Mailing Code	Telephone Number

Reference THREE

Academic	Professional		Practice
Referee Last Name		Referee Given Name(s)	
Institution			E-mail Address
Address			City
Province/State	Country	Postal or Mailing Code	Telephone Number

Applicant Signature	Date YYYY/MM/DD
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