

Nursing Application for Admission

Please type or print.

NAME

_____ Last First Middle Maiden/Previous

PERMANENT ADDRESS: _____
Street

_____ City State Zip

TELEPHONE: (____) _____ Home (____) _____ Work (____) _____ Cell

E-MAIL: _____

TEMPORARY ADDRESS — if different from permanent address above. Valid until _____ / _____ / _____ Month Day Year			
_____ Street			
_____ City		_____ State	_____ Zip
TELEPHONE: (____) _____ Home		(____) _____ Work	(____) _____ Cell

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY # _____
Month Day Year

GENDER: Female Male

CHECK ONE BOX ONLY: U.S. citizen or permanent resident U.S. visa holder (type) _____
 Other (specify country and citizenship status) _____

ENGLISH IS MY NATIVE LANGUAGE Yes No If "no," what is your native language _____

FOR WHICH TERM ARE YOU APPLYING? Fall 20 _____ Winter 20 _____ (Advanced-standing only)

FOR WHICH CONCENTRATION ARE YOU APPLYING?

Doctor of Nursing Practice

Nurse Educator

Nurse Practitioner—specialization: _____ Neonatal _____ Pediatric _____ Adult-Gerontologic

Advanced-standing certificate; specialty: _____

PREVIOUS EDUCATION INFORMATION: List all post-secondary institutions you have attended — colleges and universities (undergraduate and graduate), professional and vocational schools, regardless of the number of credits earned. An official transcript from each institution is required, even if courses are recorded on another transcript. Submit a separate additional sheet if necessary.

COLLEGE OR UNIVERSITY — Identify location (Non-U.S. citizens also should list secondary schools)	DATES ATT'D FROM/TO	DEGREE	DATE REC'D/ EXPECTED	MAJOR FIELD	GPA

RECOMMENDATIONS: List your references. These people should have knowledge of your professional and/or academic competence and the advanced nursing specialty for which you are applying. They should not be relatives or social acquaintances.

Name	Title	Organization/Institution
Name	Title	Organization/Institution
Name	Title	Organization/Institution

MASTER of ARTS in NURSING (MANU) APPLICANTS ONLY: List information about the statistics course you have taken or will complete prior to entering the MANU program. If the course is not completed, indicate “in progress” or “to be taken” in grade column and anticipated completion date:

Statistics course (Course Number)	Course title – as it appears on transcript
School	Date completed
	Grade
	Number of credits

The following information is optional and is requested for use on federal and state reports as well as institutional research. It is not used to determine one’s eligibility for admission, nor will it be used in any type of discriminatory manner.

Are you Hispanic or Latino? Yes No

Please check all that apply: American Indian/Alaskan Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Religious Preference: _____

You must sign the application. It must be accompanied by the nonrefundable graduate application fee of \$35.

To the best of my knowledge, the information given above is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission or suspension from St. Catherine University. By signing this application, I agree to abide by the policies and regulations of St. Catherine University.

Signature _____ Date _____

St. Catherine University admits students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the University.

It is the applicant’s responsibility to ensure that her or his application file is completed by the priority deadline of January 15. Applications completed after the priority deadline will be reviewed on a space-available basis. No credentials will be returned to the applicant. Meeting minimum requirements does not guarantee admission.

Submit all materials to: St. Catherine University, Office of Graduate Admission, Mail 4027
2004 Randolph Avenue, St. Paul, MN 55105