

Doctor of Nursing Practice Application for Admission, Fall 2008

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
E-MAIL: _____

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 _____

FORTHCOMING RECOMMENDATIONS: List the names of three people who will be completing recommendation forms. Recommenders should be persons who can predict your ability to satisfactorily pursue graduate studies and can address your nursing practice and should be aware of the advanced nursing specialty to which you are applying.

Name Title Organization/Institution

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PREVIOUS EDUCATION INFORMATION: You must list ALL colleges and universities, professional and vocational schools you have attended. Attach an additional sheet if necessary. This should include undergraduate and graduate education.

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

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

Ethnic Origin (check one): African Asian/Pacific Islander Hispanic/Latino/Chicano
 African-American American Indian/Alaskan Native White
 Multi-ethnic background (please specify) _____

Religious Preference: _____

You must sign the application. It must be accompanied by the nonrefundable graduate application fee of \$25.

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 the College. By signing this application, I agree to abide by the policies and regulations of the College.

Signature _____ Date _____

The College of St. Catherine 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 College.

No credentials will be returned to the applicant. Meeting minimum requirements does not guarantee admission.

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