

UNIVERSITY OF THE INCARNATE WORD
School of Nursing
APPLICATION FOR ADMISSION TO MASTER OF SCIENCE IN NURSING

Area of Interest:

- Clinical Nurse Leader (CNL)
- Clinical Nurse Specialist (CNS)
- Dual Degree in MSN/MBA
-

Non-Degree Seeking

Do you want: Full-Time Study Part-Time Study

Name _____ Male Female
 Last First MI

Social Security Number _____ Date of Birth: _____

Current Address _____ Zip Code _____ Phone Number _____

Permanent Address _____ Zip Code _____ Phone Number _____

 (If different than current address.)

Cell Phone: _____ E-Mail Address: _____

Place of Employment: _____ Phone Number _____

Proposed Starting Date: _____ State Licensed In: _____

Are you a U.S. Citizen? Yes No If no, country of citizenship _____ Resident Alien: Yes No

To comply with Title IV of the Civil Rights Act and Title 18 of the Educational Amendment of 1972

- American Indian Hispanic
- Black, Afro-American White American
- Oriental, Asian American Other _____

Immunization records must be taken to the UIW Health Office following admission to the MSN Program.

PROFESSIONAL EXPERIENCE: list your professional experience for the last 3 years. (Most recent first.)

INSTITUTION	ADDRESS	YEARS EMPLOYED	POSITION HELD

EDUCATION: List *all* colleges or universities and dates of attendance.

COLLEGES OR UNIVERSITIES	DATE OF GRADUATION	DEGREE RECEIVED

REFERENCES:

NAME	ADDRESS (City, State, Zip Code)

[OVER]

8/2006

