

NEBRASKA WESLEYAN UNIVERSITY

Graduate Admission Application Nursing

Full Legal Name _____
Last
First
Middle
Suffix
Birth/Other Last Name(s)

Address _____
Street
City, State, Zip

Telephone _____
(Include area code)
Home
Work
Cell

Email _____ Fax _____

Employer _____
Name
Address

Social Security Number _____ Date of Birth* _____

Gender	Marital Status*	U.S. Citizen	If No, Type of Visa	Ethnicity/Race*
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Yes <input type="checkbox"/> No**	<input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Permanent	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Select one or more of the following race categories: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**This information is not required and is used for reporting purposes only.
 **Admission and enrollment allowed only after verification of eligibility.*

Have you previously enrolled at Nebraska Wesleyan? Yes No If yes, dates _____

When do you wish to enter this program?: Fall Spring Summer Year _____

Site: Lincoln Omaha Area of Emphasis: Administration Education

List College(s) Attended <i>(Use additional sheet if necessary)</i>	Location <i>City, State</i>	Dates <i>From/To</i>	Major	Degree Received <i>Mo/Yr</i>

(continued on back)

List graduate-level course(s) you wish to be considered for transfer to this degree.

Course Dept/Number/Title <i>(Use additional sheet if necessary)</i>	Credits	Institution

Professional Work Experience *(Begin with most recent experience or attach a professional vitae.)*

Agency and Location	Dates of Employment	Position

Personal Educational Goals Statement Page

Please provide a one-page typewritten paper explaining the congruence of your educational goals with the area of emphasis you selected, how your academic and professional work experience will contribute to your success in the MSN program, and any other relevant information you would like the admissions committee to know.

I certify that, to the best of my knowledge, the information furnished in this application is true and complete. I agree that if such information, or any other information upon which my application is based, is found to be untrue or incomplete, the University may rescind my acceptance. I further agree that I will abide by the rules and regulations of the University.

Applicant's signature

Date

Submit this application to Nebraska Wesleyan University along with a one-time, non-refundable application fee of \$50, a copy of your current nursing license, two letters of support using the appropriate form and a completed Release of Information form. Additionally, you must have all colleges/universities you have attended send an official academic transcript to NWU. (NWU graduates need only send transcripts for colleges/universities attended since graduation from NWU.)

University College
Nebraska Wesleyan University
5000 St. Paul Avenue
Lincoln, NE 68504-2794
402.465.2333 or 800.541.3818 ext. 2333

Omaha Advantage
Nebraska Wesleyan University
11815 M Street, Suite 100
Omaha, NE 68137
402.827.3555

Will you apply for financial aid? Yes No

If yes, you must submit a Free Application for Federal Student Aid, which can be obtained from the University College Office in Burt Hall or Omaha Advantage Office or the Office of Scholarships and Financial Aid (Smith-Curtis 207). When completing the FAFSA, use NWU code 00255.

Nebraska Wesleyan provides equal opportunity to all qualified persons in all areas of University operation, including education, and decisions regarding faculty appointment, promotion or tenure, without regard to race, religion, age, sex, creed, color, disability, marital status, national or ethnic origin, or sexual orientation.

FOR OFFICE USE ONLY

Received:

Action:

Communication: