



School of Nursing

Application for Post Master's Doctor of Nursing Practice Admission

Admission is open to all qualified applicants regardless of race, religion, color, gender, sexual orientation, age, national origin, or disability.
 Spalding University reserves the right to use and publish photographs taken of students. If you do not wish to be photographed, please contact the Marketing Office.

NAME		
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr. Last Name _____ First _____ Middle _____ Former Last Name _____ Preferred Name _____		
HOME ADDRESS		
Street Address _____		
City _____ State _____ Zip _____ County _____		
Home Phone (____) _____ Cell Phone (____) _____		
Social Security Number	Date of Birth	Email Address
____ / ____ / ____	____ / ____ / ____	_____

Optional Information Required for Government Reports:		
Sex: ____ Male ____ Female Marital Status: ____ Married ____ Single ____ Divorced ____ Widowed Religious Preference: _____	Race/Ethnicity: ____ American Indian/Alaskan Native ____ Asian ____ Black/African American ____ Native Hawaiian/Pacific Islander ____ White ____ More than one race ____ unknown	Fathers Education Level: ____ High School Graduate ____ Some College ____ College Graduate ____ Other/Unknown Mothers Education Level: ____ High School Graduate ____ Some College ____ College Graduate ____ Other/Unknown Are you the first generation in your family to attend college? Yes ____ No ____

Have you ever been convicted of a criminal offense?	Yes ____	No ____
------------------------------------------------------------	----------	---------

EMERGENCY CONTACT:	
Name of Emergency Contact Person: _____	Relationship: _____
Telephone: (____) _____	Alternate Telephone: (____) _____

EXPERIENCE: - Please list your last two positions including any positions currently held:

1. Employer Name: _____ Position Held _____
City, State, Zip: _____ Telephone: (____) _____
2. Employer Name: _____ Position Held _____
City, State, Zip: _____ Telephone: _____

Please list any member of your family who is currently a student at, or who graduated from Spalding University:

_____	_____	_____
Name	Relationship	Year of Graduation
_____	_____	_____
Name	Relationship	Year of Graduation

Have you previously applied to Spalding University? Yes No Year _____

If yes, under what name did you apply? _____

List (beginning with the most recent) ALL colleges attended or attending, including Spalding University:

_____	_____	_____	_____
College/University	Location (City/State)	Dates Attended	Degree Earned/Date
_____	_____	_____	_____
College/University	Location (City/State)	Dates Attended	Degree Earned/Date
_____	_____	_____	_____
College/University	Location (City/State)	Dates Attended	Degree Earned/Date
_____	_____	_____	_____
College/University	Location (City/State)	Dates Attended	Degree Earned/Date

When do you plan to begin classes? Spring Semester (January) Year _____

I certify that all of the answers I have given in this application for admission to Spalding University School of Nursing Graduate Program are complete and accurate to the best of my knowledge. Spalding University has my permission to use my photograph in University publications and advertisements.

Signature of Applicant

Date