



Application for Admission to the UWT Master of Nursing Program

Please type or print. Complete every question, even if information requested is included elsewhere in this application packet. All shaded areas are for office use only.

<input type="checkbox"/> This is my first application to the UWT MN program. <input type="checkbox"/> I have previously applied for admission to the UWT MN program: Year _____ <input type="checkbox"/> Admitted <input type="checkbox"/> Not Admitted	1. Indicate year and quarter you wish to enter: (check one box only) <input type="checkbox"/> Autumn (Sept) <input type="checkbox"/> Spring (Mar) <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Summer (June) Year 20 <input type="text"/> <input type="text"/> <input type="text"/>
---	---

2. Legal Name (last, first, middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.

3. U.S. Social Security number ¹ <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	4. Former name(s): If your first or last name has changed, indicate your former full name
---	---

5. Washington State RN License No.	Exp. date	6. Date of birth (month/day/year)	7. City and state of birth (include country if other than U.S.)
------------------------------------	-----------	-----------------------------------	---

8. Mailing address (street and number)	(city)	(state)	(ZIP)
--	--------	---------	-------

9. Phone number (home) () () () ()	(work) () ()	10. E-mail address
---	----------------	--------------------

11. Permanent address (street and number)	(city)	(state)	(ZIP)
---	--------	---------	-------

12. Are you a UW or state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 14)	13. Do you plan to attend under a tuition exemption program? <input type="checkbox"/> Yes (if yes, which program?) : <input type="checkbox"/> No	<input type="checkbox"/> Faculty/staff <input type="checkbox"/> State employee	14. Are you a veteran of the United States armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	---

15. Are you a resident of Washington state? <input type="checkbox"/> Yes (go to 16) <input type="checkbox"/> No (skip to 17)	16. What is the length of time of your latest period of residence in Washington? (You must answer this question if claiming residency.)	From (month/year) to (month/year)
--	--	-----------------------------------

17. Are you a U.S. citizen? <input type="checkbox"/> Yes (go to 20) <input type="checkbox"/> No (go to 18)	18. What is your country of citizenship?	19. What is your status in the U.S.? <input type="checkbox"/> Immigrant/permanent resident <input type="checkbox"/> Refugee <input type="checkbox"/> Nonimmigrant
--	--	--

20. Alternate contact (Name/address/phone)
--

21. Department code Z-T NURS	22. Study option: (choose one) <input type="checkbox"/> Communities, Populations and Health <input type="checkbox"/> Health Care Leadership and Management <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Independent Study
--	--

23. List all higher education institutions you have attended, including the University of Washington, in the order you attended them. See the Graduate School Application for school codes. (No omissions. Attach separate sheet if necessary.)

School name	Location		Dates attended		Degree received or expected	Date degree received or expected (mo./year)
	City	State	From	To		

24. GPA of most recent 90 quarter or 60 semester credits:	25. Have you ever been registered at any campus of the University of Washington as a:	<input type="checkbox"/> Graduate nonmatriculated (GNM) <input type="checkbox"/> Graduate student <input type="checkbox"/> Undergraduate student If so, UW Student # _____
---	---	---

1 The Taxpayer Relief Act of 1997 enacted two new sections (25A and 6055) for inclusion in the IRS code. Section 25A provides for Hope and Lifetime Learning Credits, which allow persons enrolled in higher education classes to use part of their tuition payments as credits against their taxes. Section 6055 requires all educational institutions to make a return to the Internal Revenue Service regarding each individual for whom it receives tuition. The return must show the SSN of the student, as well as other information. Applications without a SSN will be considered incomplete and will not be reviewed for admission. At the UW, your SSN is used to match your admission test scores with your application and to match your financial aid application with your admission application. To avoid complications and a delay in financial aid notification, make sure your name and SSN are identical on your financial aid and admission applications. Protecting the release of student information will be in accordance with all appropriate state and federal laws.

26. Have you taken or do you plan to take any of the following test? <input type="checkbox"/> Graduate Record Exam	VERBAL QUANTITATIVE ANALYTICAL Date _____ Score _____ If scheduled but not taken yet: Scheduled date _____ Confirmation No. _____
---	---

Signature _____ Signature of Applicant	In signing this form, I acknowledge that I have read and understand the enclosed information. I have read and agree to adhere to the Essential Behaviors. Failure to submit complete and accurate information and all required documents may result in denial of admission or dismissal from the University. _____ Date
---	---