

Additional Applicant Information:

1. Student Name:	
2. Pager Number:	
3. Are you currently active military? If yes, are you applying for educational funding from the military?	Yes Branch of service: No Yes No
4. I plan to attend:	Full time Part time
5. Are you a former School of Nursing student?	Yes Program: No Date of graduation:
6. Is this a reapplication to the School of Nursing?	Yes Year of previous application: No Program of previous application:
7. Are you applying to other schools? <i>(Including other schools within the University of Washington.)</i> If so, where?	Yes No
8. Are you a graduate non-matriculated (GNM) student?	Former Quarter: Year: Current
9. Will you be graduating from a School of Nursing degree program before starting the new program? If so, which program?	Yes No
10. Statistics Course: <i>(GEPN, Masters, and DNP only.)</i>	Course Number (as it appears on transcript): Course Name: Date Completed/To Be Completed: School: Quarter credits Semester credits Grade: Number of Credits:
11. Are you a member of Sigma Theta Tau International?	Yes No
12. In addition to submitting your current resume describing work experience, professional, volunteer and community activities since graduating from nursing school, indicate below the approximate number of year(s) in each of the following areas. Leadership refers to positions such as Manager, Administrator, Charge Nurse, the equivalent or higher.	Registered Nurse (RN): Advanced Practice Nurse (APN): Leadership: Teaching: Independent:

13. Nursing Licenses

License Type:	License Number:	State:	Expiration Date:
License Type:	License Number:	State:	Expiration Date:
License Type:	License Number:	State:	Expiration Date:
License Type:	License Number:	State:	Expiration Date:
License Type:	License Number:	State:	Expiration Date:

14. Certifications

Certification Type:	Certifying Body:	Expiration Date:
Certification Type:	Certifying Body:	Expiration Date:
Certification Type:	Certifying Body:	Expiration Date:
Certification Type:	Certifying Body:	Expiration Date:

15. All Applicants: Read the statement below, check the appropriate box, then sign and date (unsigned applications not accepted).

In signing this form, I acknowledge that I have read and understand Student Essentials information located on the School of Nursing website at http://www.son.washington.edu/eo/mn_qualifications.asp. I understand that failure to submit complete and accurate information as well as all required documents may result in denial of admission or dismissal from the University. I understand that my School of Nursing application and all accompanying documents, including transcripts, once submitted, become the property of the School of Nursing and will not be returned to me, and that I am advised to make a copy of my application and accompanying documents for my own records before submitting my application packet. If I am an international applicant I understand that my complete application must be received by November 1 to guarantee sufficient time for processing. If I am not an international applicant and want to be guaranteed priority consideration for admission I understand that my application must be received by 5pm of the published deadline. I understand that applications received after the priority deadline will be considered for admission on a space-available basis.

Applicant Signature: _____ Date: _____

Optional Applicant Information:

The following information is requested for statistical purposes only, so that the School of Nursing may monitor the effectiveness of its recruitment and outreach programs. **The following information will not be used in admission decisions. Completion of the information is voluntary; a decision not to provide information will not result in any adverse treatment of your application.**

1. In what context are you planning to apply your nursing education following completion of your program?
(Check all that apply.)

- | | | |
|---|-----------|------------------------|
| Academic Setting | Inpatient | Outpatient |
| Urban | Rural | Medically under-served |
| Private practice or independent (please specify) | | |
| As part of an organization (please specify) | | |
| Other (please specify) | | |
| At this time, I am not sure what setting I am interested in working in. | | |

2. In what location are you planning to apply your nursing education following completion of your program?
(Check all that apply)

- | | | |
|---|------------------|---|
| Seattle | Washington State | United States (specify state, if known) |
| International (specify country, if known) | | |