The Graduate School,
Saint Louis University
3634 Lindell Boulevard, Suite 117
St. Louis, Missouri 63108, USA

Application for Admission:
POST-MASTER'S CERTIFICATE IN NURSING PROGRAM

The Post-Master's Certificate in Nursing is offered jointly by the School of Nursing and the Graduate School of Saint Louis University. Viable applicants must have earned or be finishing a master's degree.

The complete application includes the following supporting documents:

- Application form and $10.00 fee;
- Transcript posting MSN (in a sealed envelope), copy of RN license, CPR certificate
- One letter of recommendation (Not required for SLU MSN graduates);
- Applicant-prepared professional-goal statement, indicating current career aspirations and the manner in which this certificate program would contribute to those plans;
- Resume/C.V.

To apply to the Certificate program, complete and forward this form along with application fee and all supporting documents to the address in the upper right-hand corner of this page.

Please type or print the information requested below. Responses to the (*) items are not absolutely required, but these data are requested for statistical purposes only, and the applicant's cooperation is appreciated. All information will be computer-filed in the University's electronic database in aggregate form.

Are you currently enrolled in the SLU Graduate School? Yes _____ No _____

If yes, are you pursuing this degree concurrently with a SLU Graduate Degree Program? Yes _____ No_____

Name_____
Last/Family Name First Name MI (Previous Name/s if any) Salutation/Title

Banner ID # _____ **Social Security #**_____

Email Address _____

Home Phone # (___) _____ **Work Phone #** (___) _____

Mailing Address _____
Number and Street Apartment or Box Number, if any

_____
City State Zip

Permanent Address _____
Number and Street Apartment or Box Number, if any

Check here is same as mailing address ☐

_____
City State Zip

_____
Country, if not United States

Academic Term for which Certificate status is sought (check one box and enter year)

☐ First/Fall Semester ☐ Second/Spring Semester ☐ Summer Session _____ Year

College/University Attended or Currently Attending for MSN degree:

_____
Institution Location Graduation Date Nursing Specialty

Post-Master's Certificate Specialty and Concentration:

☐ Acute Care Nurse Practitioner
☐ Adult Nurse Practitioner
☐ Psychiatric/Mental Health Nursing Clinical Nurse Specialist
☐ Psychiatric/Mental Health Nurse Practitioner
☐ Family Nurse Practitioner
☐ Pediatric Nurse Practitioner

Birth Date_____ **Birthplace**_____
Month/Day/Year City, State; also Country, if not United States

Gender ☐ Male ☐ Female ***Marital Status:** ☐ Single ☐ Married ☐ Other_____

Citizenship Print country of citizenship; if a United States Citizen, print "USA" _____

Check here ☐ if a Resident Immigrant (i.e., a "green card" holder)
Check here ☐ if a Non-Resident Immigrant and indicate type of visa held, if any _____

***Ethnic Origin**

☐ American Indian or Eskimo ☐ Black, Non-Hispanic ☐ Hispanic
☐ Asian/Oriental or Pacific Islander ☐ White, Non-Hispanic ☐ Other _____

***Religion**

☐ Baptist ☐ Episcopal ☐ Jewish ☐ Lutheran ☐ Methodist
☐ Catholic ☐ Unspecified ☐ Other _____

"*I, as the applicant, attest that the information provided here is, to the best of my knowledge, accurate and true."*

Signed: _____ **Date:** _____

Recommendation of the Director, Certificate Program

☐ Admit ☐ Do Not Admit

Signed:_____
Director, Certificate Program Date

Action of Graduate School

☐ Admitted ☐ Not Admitted

Signed:_____
Admissions Dean, The Graduate School Date

Signed: _____
Dean, The Graduate School Date

Comments:_____