

UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF NURSING

APPLICANT DATA FORM

MASTER OF SCIENCE IN NURSING PROGRAM

INSTRUCTIONS: Fill out completely and return to: **Director of Graduate Studies, University of South Alabama, College of Nursing, HAHN 3079, Mobile, AL 36688-0002. Attach a current Resume!**

1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Last) (First) (Middle)

SOCIAL SECURITY # \_\_\_\_\_ USA STUDENT # or J# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

TELEPHONE NUMBER: HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

2. NAME OF INSTITUTION WHERE UNDERGRADUATE DEGREE WAS EARNED: \_\_\_\_\_  
\_\_\_\_\_ Degree earned \_\_\_\_\_ Date Completed \_\_\_\_\_

Name of Nursing School (if different from above) \_\_\_\_\_

3. UNENCUMBERED REGISTERED NURSE LICENSURE: STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_

Address: \_\_\_\_\_

Your title: \_\_\_\_\_

5. ARE YOU CURRENTLY EMPLOYED IN ANY OF THE FOLLOWING SETTINGS? (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Community Health Center                         | <input type="checkbox"/> Migrant Health Center                           |
| <input type="checkbox"/> Public Housing Primary Care                     | <input type="checkbox"/> Homeless Health Care                            |
| <input type="checkbox"/> Rural Health Clinics                            | <input type="checkbox"/> Nat=1. Health Service Corps Sites, freestanding |
| <input type="checkbox"/> Federally Qualified Health Ctrs.                | <input type="checkbox"/> Indian Health Service                           |
| <input type="checkbox"/> State or Local Health Depts.                    | <input type="checkbox"/> Ambulatory Practice Sites                       |
| <input type="checkbox"/> Primary Care/Family Practice Physician=s Office | <input type="checkbox"/> None of the above                               |

6. PROFESSIONAL NURSING EXPERIENCE – NP tracks require 2 years experience.

Years experience as RN: \_\_\_\_\_

7. TERM AND YEAR YOU PLAN TO ENTER THE GRADUATE PROGRAM: \_\_\_\_\_

WILL YOU BE \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME (Term) (Year)

**PROPOSED MAJOR:**

- |   |   |
|---|---|
| <input type="checkbox"/> ADULT GERON ACUTE NP                 | <input type="checkbox"/> CLINICAL NURSE LEADER                            |
| <input type="checkbox"/> PEDIATRIC NP                         | <input type="checkbox"/> CLINICAL NURSE SPECIALIST (Choose CNS specialty) |
| <input type="checkbox"/> FAMILY/EMERGENCY NP                  | <input type="checkbox"/> ADULT/GERON CNS                                  |
| <input type="checkbox"/> FAMILY NP                            | <input type="checkbox"/> PEDIATRIC CNS                                    |
| <input type="checkbox"/> ADULT GERON NP                       | <input type="checkbox"/> WOMEN’S CNS                                      |
| <input type="checkbox"/> NEONATAL NP                          | <input type="checkbox"/> NURSING EDUCATION (Choose CNS specialty)         |
| <input type="checkbox"/> FAMILY PSYCHIATRIC NP                | <input type="checkbox"/> ADULT/GERON CNS                                  |
| <input type="checkbox"/> WOMEN’S NP                           | <input type="checkbox"/> PEDIATRIC CNS                                    |
| <input type="checkbox"/> EXECUTIVE ADMINISTRATION             | <input type="checkbox"/> WOMEN’S CNS                                      |
| <input type="checkbox"/> PUBLIC HEALTH NURSING ADMINISTRATION |   |

8. \$50.00 non-refundable College of Nursing fee Check \_\_\_\_\_ Money Order \_\_\_\_\_