

Doctor of Nursing Practice Admission Application

Box 1047, Edwardsville, IL 62026-1047 Phone: (618) 650-3770 FAX: (618) 650-2081

GENERAL INFORMATION

We are pleased that you have expressed interest in Southern Illinois University Edwardsville. This material provides information about applying for admission to the Doctor of Nursing Practice (DNP) from the School of Nursing. The Post-Master's DNP Option is available only to registered nurses with an M.S. in nursing. The Nurse Anesthesia DNP is available for any nurses with a B.S. in nursing.

International Applicants: If you hold or require a non-immigrant visa, do not complete this application. Request international application material from the Office of Admissions, Box 1047, SIUE, Edwardsville, IL 62026-1047, fax (618) 650-3618, phone (618) 650-3770, or email intladm@siue.edu. Also, you can apply and pay the application fee online at siue.edu/apply.

Priority Deadline: Post Master's DNP - March 1 for fall semester admission.

Nurse Anesthesia DNP – June 1 for the following May admission

For More Information about the Doctor of Nursing Program, contact the School of Nursing at (618) 650-3930.

APPLICATION FEE

There is a \$30 application fee for all new doctoral applicants and returning doctoral applicants who have not attended SIUE for nine consecutive terms. Applications received without the fee will not be processed. This fee is non-refundable. Payment should be made in US dollars by check or money order payable to SIUE. Payment may also be made online by credit card at www.siue.edu/bursar.

PROVIDING ACADEMIC CREDENTIALS

Applicants must have an official transcript mailed directly to the Office of Admissions by the institution that granted the baccalaureate degree and master's degree. This is not necessary for applicants who graduated from Southern Illinois University Edwardsville. Hand-carried or faxed documents are not acceptable. Please direct all transcripts to: Office of Admissions. Box 1047, SIUE, Edwardsville, IL 62026-1047.

FINANCIAL SUPPORT INFORMATION

Student Employment, Loans, and Grants: Graduate students may be eligible for student employment and for loans or grants to support their studies. For information, contact the Student Financial Aid Office at (618) 650-3880, or at www.siue.edu/financialaid/, or direct requests to campus Box 1060, SIUE, Edwardsville, IL 62026-1060.

SIUE is committed to student privacy and confidentiality of information. Although submitting your Social Security number is voluntary, it is recommended because the Social Security number expedites matching of credentials for admission review and processing. It also is required of those students applying for financial aid. SIUE also needs your Social Security number in order to furnish Form 1098T, Tuition Payments Statement, used to claim an income tax credit for the Hope and Lifetime Learning Education Credits.

Southern Illinois University Edwardsville is committed to equal educational and employment opportunity and affirmative action. SIUE administers its academic programs without regard to race, ethnicity, color, sex, creed or religion, national origin, age, handicap, veterans' status or other proscribed categories. Affirmative action is taken as appropriate. In addition, it is the policy of SIUE to make every reasonable effort to accommodate individuals with special needs.

The University complies in letter and spirit with federal and state legislation, which includes, but is not limited to, Titles VI and VII of the Civil Rights Act of 1964, Executive Order 11246, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, Title IX of the Education Amendments Act of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Titles VII and VIII of the Public Health Service Act, and the Illinois Human Rights Act and related state laws. Inquiries regarding equal opportunity and affirmative action in admission and administration should be directed to the Office of the Provost and Vice Chancellor for Academic Affairs.

In accordance with Illinois State law, the SIUE Police Department shall disclose the name, address, date of birth, place of employment, school attended, and offense of adjudication of all sex offenders required under Section 3 of the Sex Offender Registration Act [730 ILCS 150/3] upon request. Please contact the SIUE Police Department for all questions and/or inquiries.

The SIUE ANNUAL SECURITY REPORT is available online at *admin.siue.edu/studentrightto/*. The report contains campus safety and security information and crime statistics for the past three calendar years. This report is published in compliance with federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act." You also may access this report through the SIUE Home Page: www.siue.edu. For those without computer access, a paper copy of the report may be obtained from: Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.

Disclosure

Southern Illinois University Edwardsville is an equal opportunity employer and will not discriminate against any person on the basis of race, religion, national origin or sex in violation of Title VII.

Southern Illinois University Edwardsville prohibits discrimination against employees, applicants for employment and students on the basis of age, color, disability, marital status, national origin, race, religion, sex, sexual orientation, or veteran's status.

Printed by authority of the State of Illinois

Southern Illinois University Edwardsville

Doctor of Nursing Practice Admission ApplicationSend application and fee to: SIUE Application Processing, Office of Admissions, Box 1047, SIUE, Edwardsville, IL 62026-1047
Phone (618) 650-3770, Fax (618) 650-2081

Social Security Number*	/ /	2. Date of Birth			
<u> </u>	(See explanation)		month / day / year		
3. Name					
	Last Name	First Name	Middle		
4. Other name(s) under which	credentials may be received	d			
5. Permanent Address					
	Street Address		City		
County	State	ZIP Code	Telephone		
6. Mailing Address (if differen	nt from Permanent)	Street Address	City		
		Street Address	City		
County	State	ZIP Code	Telephone		
7 Work Telephone		8 F-mail Address			
 American India And South Ameri Asian – A perso subcontinent, inthe Philippine Ist Black or African 	n or Alaska Native – A pe ca (including Central Amer on having origins in any of t cluding, for example, Camb lands, Thailand, and Vietna n American – A person ha	the original peoples of the Far bodia, China, India, Japan, Ko um. ving origins in any of the blac	the original peoples of North ul affiliation or community attachment East, Southeast Asia, or the Indian orea, Malaysia, Pakistan, k racial groups of Africa. Terms		
 Native Hawaiia Hawaii, Guam, S White – A person 	<mark>n or Other Pacific Islande</mark> Samoa, or other Pacific Isla	ands. The original peoples of Europe	an American." In any of the original peoples of In the Middle East, or North Africa.		
10. Have you served or are yo	u serving on active duty wi	th the armed services?	Yes No		
		rrent indictment for a felony? information and instructions.)	Yes No		
	resident immigrant in the U	J.S.?Yes No As) of their Alien Registration I	lien Registration NumberReceipt Card #I-551 for review]		
13. Are you an Illinois Resider If yes, state length of time		esident:Years	Months		
4. Term and year for which y	ou are applying:	FallSpringSu	ımmer Year		
15. Program for which you arePost-Master'sNurse Anesthe					

Academic History

Web payment

16. All applicants must complete this section. List all institutions attended, including SIUE, in chronological order using the complete name of the school. It is extremely important that we have your complete academic history, including the dates of attendance and the degree(s) earned or expected. Missing information will delay the review of your application.

Associate or Baccalaureate Degrees					
Name of School (No Abbreviations)	City, State and Country (if not U.S.)	From Mo/Yr	To Mo/Yr	Name of Degree Earned or Expected	Date Degree Conferred or Expected
Master's Degrees	<u> </u>	T		Name of Dames	D-4- D
Name of School (No Abbreviations)	City, State and Country (if not U.S.)	From Mo/Yr	To Mo/Yr	Name of Degree Earned or Expected	Date Degree Conferred or Expected
Doctoral or Professional Degrees	ı	l			
Name of School	City, State and Country	From	То	Name of Degree Earned or	Date Degree Conferred or
(No Abbreviations)	(if not U.S.)	Mo/Yr	Mo/Yr	Expected	Expected
Certification					
16. This certification must be signed at University Edwardsville is committed University requires applicants who are or in a juvenile proceeding) to disclose current indictment does not automatical by Certified Mail at the time of application Committee; Campus Box 1600, Edwarmaintaining a copy of the receipt certificate, country) of conviction or current to the University for complete access to	to maintaining a safe environment of this information as a mandally bar admission to the Unition for admission to: Sout dsville, IL 62026. Applicallying submission. Information indictment, dates and court	onment for all r have been contained the latery step in the latery ste	I members of convicted of a the application does require re University Edusible for veri- mitted include This statemen	the University commucrime (other than a room process. A previous eview. Complete inforwardsville, Office of A fying receipt by the University and the process of the explanation, at must also include a general communication.	unity. The utine traffic offense conviction or mation must be sent Admission Review niversity and for a location (city, grant of permission
I understand that withholding informat admission to the University or subject complete.					
Sig	Date				
Please indicate method of application					
Check or money order enclose	sed with application				