



1. Applicant full name:	
2. Email address:	
3. Phone number:	
4. Program and track applying to:	
5. <b>For DNP applicants only</b> , will you hold active certification in a track by the time you matriculate into the program (e.g., AGNP, FNP, PMHNP)?	<input type="checkbox"/> No <input type="checkbox"/> Yes Certification: _____
6. Current applicant status:	<input type="radio"/> New applicant to the UW School of Nursing <input type="radio"/> Re-applicant to the UW School of Nursing <input type="radio"/> Current student: applying to new degree program <input type="radio"/> Current student: applying to transfer to a different track <input type="radio"/> Current student: applying to add a track/certificate
7. Are you currently active U.S. military? If yes, are you applying for educational funding from the military?	<input type="checkbox"/> No <input type="checkbox"/> Yes      Branch of Service: _____  <input type="checkbox"/> No <input type="checkbox"/> Yes
8. Are you applying to other schools?  If so, where? <i>(This information is requested for statistical purposes only. A decision not to provide information will not result in any adverse treatment of your application.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Statistics Course <b>MN, MS, and DNP applicants only.</b>  DNP applicants must complete this course within 5 years of matriculating into the program. Indicate if the statistics course has been completed OR if you have not yet met this requirement. Indicate the course you will be completing (course name, number, when <u>and</u> where you plan to complete it).  <b>The time restriction does not apply to MN or MS applicants.</b>	<input type="checkbox"/> I still need to satisfy this requirement – below, please specify which course and when you plan to complete it <input type="checkbox"/> I have met this requirement – below, please complete your course information  Course number (as it appears on the transcript): _____ Course name: _____ Date completed/to be completed (mm/dd/yyyy): _____ College/university: _____ Number of credits: _____      Grade earned: _____
10. Professional Licensure	
Licensure type: _____	License number: _____
	State: _____      Expiration date: _____
Licensure type: _____	License number: _____
	State: _____      Expiration date: _____
Licensure type: _____	License number: _____
	State: _____      Expiration date: _____

## 11. 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: \_\_\_\_\_

Read the statement below and sign and date this form (applications received without signatures will not be accepted).

**By signing this form, I acknowledge that I have read and understand the School of Nursing Graduate Applicant/Student Essentials located on the School of Nursing website:**

- MN, MS, DNP, and Graduate Certificate applicants: <http://nursing.uw.edu/student-resources/essential-behaviors-gcpapn-dnp-and-masters-students>
- PhD applicants: <http://nursing.uw.edu/student-resources/essential-behaviors-admission-continuation-and-graduation-phd-students>

I understand that:

- Failure to submit complete and accurate information by the deadline, including all required documents, may result in denial of admission from the University
- Once I submit my School of Nursing application and all accompanying documents, including transcripts, they become the property of the School of Nursing and will not be returned to me
- I am advised to make a copy of my application and accompanying documents for my own records before submitting my application packet

**SIGNATURE - You will not be considered for admission if you do not complete and sign this form.**

**Electronic Signature (e-Signature):** You consent and agree that your use of a key pad, mouse or other device to sign your name constitutes your signature, acceptance and agreement as if actually signed by you in writing. **You understand and agree that your e-Signature executed in conjunction with the electronic submission of your application will be legally binding and such transaction will be considered authorized by you.**

For more detailed information on adding electronic signatures to PDF forms, please visit:  
<https://helpx.adobe.com/reader/using/sign-pdfs.html>

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*