GRADUATE AND GRADUATE CERTIFICATE

Application for admission
GRADUATE AND GRADUATE CERTIFICATE APPLICATION

THE TWO STEPS BELOW SHOULD BE TAKEN TO ENSURE THAT YOUR APPLICATION PROCESS IS COMPLETE.

APPLICATION FEE: $30

1. If you have a bachelor’s degree from a regionally accredited college or university, please complete this application for admission and send it to the Office of Admissions at the University of St. Francis, 500 Wilcox St., Joliet, IL 60435. Please include your non-refundable $30 application fee.

2. Make arrangements for your official college and university transcripts, from all institutions attended, to be sent to the Office of Admissions at the University of St. Francis.

PERSONAL INFORMATION

Name: ________________________________________________________________________________________________________________

LAST             FIRST             MIDDLE             NICKNAME             FORMER NAMES

Home Address: __________________________________________________________________________________________________________

City/State/Zip: __________________________________________________________________________________________________________

Telephone: Home (_______) Work (_______) Cell (_____) Fax (_____)

Preferred Email: ________________________________________________________________________________________________________

Social Security Number: _______ / _____ / _______

Date of Birth: _______ / _____ / _______ Country of Birth: __________________________________________________________________

MM                DD             YYYY

Gender:  ■ Male   ■ Female

Marital status:  ■ Single   ■ Married   ■ Divorced   ■ Separated   ■ Widowed

Number of children: __________

Are you a U.S. Citizen?  ■ Yes   ■ No  If you answered no, are you a PERMANENT RESIDENT?  ■ Yes   ■ No

Are you a U.S. Veteran?  ■ Yes   ■ No  Are you a Post-9/11 Veteran?  ■ Yes   ■ No

Are you currently active?  ■ Yes   ■ No

Are you a spouse or dependent of a Post-9/11 Veteran?  ■ Yes   ■ No

How did you learn about the University of St. Francis?

■ From a current USF student  ■ Referred by a friend  ■ Community college counselor or teacher

■ From a USF alum  ■ USF publication  ■ Telephone contact

■ Direct Mail  ■ USF Open House/Informational  ■ Internet

■ Newspaper Ad  ■ Radio  ■ Other ____________________________

■ local community paper  ■ Professional Conference

■ community college paper  ■ Employer

Your response to the following will in no way affect your admission status. The information is requested so that the University of St. Francis may demonstrate its compliance with Federal Regulations and may compile meaningful statistics.

What is your ethnicity?  ■ Hispanic or Latino   ■ Not Hispanic or Latino

What is your race? (choose one or more)  ■ American Indian or Alaska Native  ■ Asian  ■ Black or African American

■ Native Hawaiian or Other Pacific Islander  ■ White

Is English your first language?  ■ Yes   ■ No  What is the primary language spoken at home? ______________________

Religious Preference:  ■ Baptist   ■ Christian   ■ Jewish   ■ Muslim   ■ Buddhist   ■ Greek Orthodox

■ Lutheran   ■ Protestant   ■ Catholic   ■ Hindu   ■ Methodist   ■ Other ______________________
ACADEMIC INFORMATION

Applying for:  □ Fall 20____  □ Spring 20____  □ Summer 20____

Are you interested in:  □ full time (8 semester hours or more)  □ part time (less than 8 semester hours)

GRADUATE PROGRAMS
Please select academic program by placing a check mark in the box provided. This information allows us to provide you with specific details regarding the academic interest you select.

□ Business Administration (M.B.A.)  □ Training and Development (M.S.)  □ Nursing (M.S.N.)
□ Health Administration (M.S.)  □ Social Work (M.S.W.)  □ Adult Health Clinical Nurse Specialist
□ Management (M.S.)  □ RN BS to MSN (M.S.N.)  □ Adult Nurse Practitioner
□  □ Family Nurse Practitioner

GRADUATE CERTIFICATES
□ Logistics  □ Management of Training and Development  □ Adult Health Clinical Nurse Specialist*
□ Teaching in Nursing  □ Training Specialist  □ Adult Nurse Practitioner*
□  □ Family Nurse Practitioner *
*Master of Science in Nursing is required

Where do you prefer to attend classes?
□ At a location near by  City________________________________  □ Online

Colleges/Universities/Institutions attended:

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<th>Name</th>
<th>Location</th>
<th>Dates attended</th>
<th>Degree/Diploma</th>
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Courses presently enrolled in: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Previous graduate coursework: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

CURRENT EMPLOYMENT INFORMATION

Title/position ___________________________________________________________ Dates employed __________________________

Employer: ________________________________________________________________ City/State/Zip _________________________

Total hours working per week: _______________________

Does your employer offer tuition reimbursement?  □ Yes  □ No  If yes, what is the amount per year? __________________________

Are you interested in student loans?  □ Yes  □ No
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS: (Please list) ______________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

HONORS - PUBLICATIONS - RESEARCH: (List all honors or scholastic distinctions you have received. Give titles of any articles or other publications and of any research or other creative work you have done. Attach a separate sheet as necessary.)
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

CHECKLIST

Please submit the following:

☐ Application for admission
☐ $30 application fee, non-refundable
☐ All official college/university transcripts
☐ Letters of Recommendation/personal essay
☐ Computer Proficiency Form
☐ Verification of employment
☐ Nursing Student Resume
☐ RN license

PLEASE REMEMBER

• Apply for student loans
• Seek approval for tuition reimbursement (if applicable)
• Investigate USF’s deferred payment or payment plan options

READ CAREFULLY AND SIGN

I certify that all information provided is correct and complete.

I understand that it is my responsibility to request all college/university transcripts be sent directly to the University of St. Francis, Office of Admissions, 500 Wilcox St, Joliet, IL 60435

Applicant’s Signature: ___________________________________________ Date: ______________________________

Withholding information or giving false information in the sections above will invalidate this application and may result in dismissal. It is the policy of the University of St. Francis not to discriminate on the basis of sex, age, race, religion, color, disability, or national/ethnic origin in its admission practices, educational programs, activities or employment policies as required by the Federal Civil Rights Laws.