



Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Are you a U.S. citizen?       Yes       No

Country of citizenship? \_\_\_\_\_

Are you a permanent resident?  Yes       No

If answer is No, Visa Type: \_\_\_\_\_

Test of English as a Foreign Language (TOEFL) score: \_\_\_\_\_

Are you a veteran of the armed forces?       Yes       No

Branch of service \_\_\_\_\_

Previous attendance at North Park?       Yes       No

Name during attendance \_\_\_\_\_

Do you have any serious health conditions or limitations which should be brought to the attention of the university?  
 No       Yes      (If yes, please explain on an additional sheet of paper.)

## Educational Background

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Please list all colleges and universities previously attended, beginning with the most recent. Failure to list every college attended will delay application processing.

Please arrange for official transcripts to be sent from each institution listed to the North Park Admission Office, 3225 West Foster Avenue, Box 40, Chicago, IL 60625

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|----------------------------|---------------------------|-----------------------|
| <i>Name of Institution</i> | <i>City/State/Country</i> | <i>Dates Attended</i> |
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|-----------------------|----------------------|-------------|
| <i>Field of Study</i> | <i>Degree Earned</i> | <i>Date</i> |
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|----------------------------|---------------------------|-----------------------|
| <i>Name of Institution</i> | <i>City/State/Country</i> | <i>Dates Attended</i> |
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|-----------------------|----------------------|-------------|
| <i>Field of Study</i> | <i>Degree Earned</i> | <i>Date</i> |
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| <i>Field of Study</i> | <i>Degree Earned</i> | <i>Date</i> |
|-----------------------|----------------------|-------------|

*The following is for Graduate and Post-Graduate applicants only:*

## Personal Statement

Your answer to the questions below will allow the admissions committee to learn more about you, your career goals and, if you are accepted, assist in advising you about course selection. Submit your response in an essay format, 500 words maximum, typed and double-spaced. Please attach to this application.

Why have you chosen to apply to North Park University?

What are your professional goals? How will graduate education help you to achieve those goals?

What experiences have contributed to your interest in the program of your choice?

## Recommendation

Please submit two letters of recommendation from individuals who can comment on your professional experience and accomplishments, preferably from a manager or supervisor.

## Resume

Please submit an updated copy of your curriculum vitae. Please attach to this application.

## Other

How did you first learn of the graduate and continuing studies in nursing programs at North Park?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Friend/Coworker     | <input type="checkbox"/> Online ad        | <input type="checkbox"/> Nursing magazine ad | <input type="checkbox"/> Illinois Nurses Association |
| <input type="checkbox"/> College/Career fair | <input type="checkbox"/> Current Students | <input type="checkbox"/> Direct mail         | <input type="checkbox"/> Ad in newspaper             |
| <input type="checkbox"/> Internet search     | <input type="checkbox"/> NPU website      | <input type="checkbox"/> Other _____         |  |

North Park University admits students regardless of race, gender, creed, age, ethnic origin, or disability. Gaining admission through misrepresentation is unacceptable and may be the cause for expulsion from the University, revocation, or suspension of any degree.

**NOTE:** The U.S. Dept. of Health, Education and Welfare requires each institution to report on the racial composition of its students. Although self-identification is voluntary, it will assist us if you complete the section below.

Responding to this section is strictly optional and has no bearing on your admission status.

Do you wish to be identified as Hispanic/Latino?     Yes     No

Regardless of your answer to the previous question, if you wish to be identified with a particular group, please check one or more of the following:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian           | <input type="checkbox"/> Other Pacific Islander |

Religious affiliation, if any

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Evangelical Covenant | <input type="checkbox"/> Protestant _____ | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> None                 | <input type="checkbox"/> Other _____      |   |

To the best of my knowledge, the information on this application is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this application and a \$40 (forty dollars) non-refundable application fee to:

Office of Graduate Admissions

North Park University

3225 West Foster Avenue, Box 40

Chicago, Illinois 60625-4895