

Focus on the important

**NORTH PARK**  
**UNIVERSITY**  
CHICAGO

Admission Office - Box 40  
3225 West Foster Avenue  
Chicago, Illinois 60625-4895  
(773) 244-5508  
www.northpark.edu

## Application for Graduate and Continuing Studies for RNs

**To be completed by the applicant** Applying for:  Fall (August) 20\_\_\_\_  Spring (January) 20\_\_\_\_  Summer (May) 20\_\_\_\_

Intended Program(s) of Study:

- BS Completion for RNs
- RN to MS with a Major in Nursing
- Master of Science with a Major in Nursing
  - Leadership and Management
  - Community Nurse Specialist
  - Adult Nurse Practitioner
  - Family Nurse Practitioner
- Dual Degree Program: MS with a Major in Nursing/ \_\_\_\_\_
- Post-Master's Adult Nurse Practitioner
- Post-Master's Family Nurse Practitioner

Preferred Campus:  Chicago  Arlington Heights  Grayslake  \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last First M.I. Maiden*

First Name Preference: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Number Street Apartment*  
\_\_\_\_\_  
*City State Zip Code*

Phone Number: \_\_\_\_\_  
*Home Work*

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex:  Female  Male RN License # \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
*Month Day Year*

Place of Birth: \_\_\_\_\_  
*City State Country*

Are you a U.S. citizen?  Yes  No

If no, what is your country of citizenship? \_\_\_\_\_

Are you a permanent resident?  Yes  No Visa Type \_\_\_\_\_

Are you a veteran or active member of the U.S. armed forces?  Yes  No  Veteran  Active

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

## *Educational History*

Previous attendance at North Park?  Yes  No

Name at time of attendance (if different) \_\_\_\_\_

Please list **all** colleges and universities previously attended, beginning with the most recent.

*Please arrange for official transcripts to be sent from each institution listed to the North Park Admission Office.*

\_\_\_\_\_  
Name of Institution Dates Attended

\_\_\_\_\_  
Field of Study (if applicable) Degree Earned Date

\_\_\_\_\_  
Name of Institution Dates Attended

\_\_\_\_\_  
Field of Study (if applicable) Degree Earned Date

\_\_\_\_\_  
Name of Institution Dates Attended

\_\_\_\_\_  
Field of Study (if applicable) Degree Earned Date

\_\_\_\_\_  
Name of Institution Dates Attended

\_\_\_\_\_  
Field of Study (if applicable) Degree Earned Date

# Employment History

Please list, beginning with your current position:

Employer/Location	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you first learn of the Graduate and Continuing Studies in Nursing programs at North Park?

- Friend
- Advance Magazine
- College/Career Fair
- Radio
- Direct mail
- Current Student
- Web site
- Other \_\_\_\_\_

Why have you chosen to apply to North Park University?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(over please)

**North Park 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 or revocation or suspension of any degree.**

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

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

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

NOTE: The U.S. Department of Health and Human Services *requires each academic institution* to report on the racial composition of its students. Although self-identification is voluntary, it would be of great assistance to North Park University if you would complete the section below.

**Ethnic Background**

- Hispanic                       Native American                       Black/African American  
 Asian/Pacific Islander                       White/Non-Hispanic                       Other \_\_\_\_\_

**Religious Affiliation, if any**

- Evangelical Covenant                       Protestant (please specify \_\_\_\_\_ )  
 Roman Catholic                       Other \_\_\_\_\_                       None