

**OLD DOMINION UNIVERSITY  
SCHOOL OF NURSING  
GRADUATE PROGRAM  
SUPPLEMENTARY APPLICATION FOR ADMISSION  
MASTER'S OF SCIENCE IN NURSING**

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

1. NAME \_\_\_\_\_

2. MAILING ADDRESS \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

3. PHONE NUMBER \_\_\_\_\_

4. BIRTH DATE \_\_\_\_\_

5. EMAIL ADDRESS \_\_\_\_\_

6. ROLE SELECTED (CHECK ONE) FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

- \_\_\_\_\_ NURSE ADMINISTRATOR
- \_\_\_\_\_ ADULT GERONOTOLGY CLINICAL NURSE SPECIALIST/ EDUCATOR
- \_\_\_\_\_ NURSE EDUCATOR (FALL 2012 ONLY)
- \_\_\_\_\_ FAMILY NURSE PRACTITIONER
- \_\_\_\_\_ NURSE MID-WIFERY (in conjunction with Shenandoah University)
- \_\_\_\_\_ WOMEN'S HEALTH NURSE PRACTITIONER

7. DEGREE

- \_\_\_\_\_ MASTERS Only
- \_\_\_\_\_ BSN-MSN to DNP (WHNP, FNP only)
- \_\_\_\_\_ BS-MSN to DNP (Administrator)

8. RACE \_\_\_\_\_ (THIS INFORMATION IS OPTIONAL & USED FOR STATISTICAL PURPOSES ONLY)

9. BACCALAUAREATE PROGRAM IN NURSING OR RELATED FIELD

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

10. PREVIOUS GRADUATE NURSING PROGRAMS ATTENDED \_\_\_\_\_  
\_\_\_\_\_

11. ARE YOU CURRENTLY ENROLLED AT OLD DOMINION UNIVERSITY?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. ARE YOU CURRENTLY ENROLLED AT ANOTHER INSTITUTION?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, SPECIFY INSTITUTION AND LOCATION \_\_\_\_\_  
\_\_\_\_\_

AREA OF STUDY \_\_\_\_\_

13. CURRENT LICENSURE TO PRACTICE NURSING (R.N.) \_\_\_\_\_

STATE

NUMBER



