

Application Form

School of Nursing MSN-MBA Program



Please type or print all information.

Name

LAST

FIRST

MIDDLE

Mailing address

STREET

CITY

STATE

ZIP CODE

Social security number

RN license number

State of registration

Telephone

WORK

HOME

Fax

E-mail

Date of birth _____ Place of birth _____

Citizenship: U.S. citizen Other Resident status if non-U.S. citizen _____

Marital Status: Married (spouse's name) _____ Single Widowed Divorced

Religious or denomination preference (optional) _____

Educational background (list chronologically all colleges, universities, and technical schools attended)

<i>Name of Institution</i>	<i>Location</i>	<i>Dates of attendance</i>	<i>Degree</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Request that official transcripts from all institutions listed above be sent to the School of Nursing Graduate Programs.

Work experience (beginning with your current position, list all work experiences)

Name and location of employer

Position

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe your current responsibilities and duties.

What are your educational and career goals?

Describe any other personal characteristics, interests, talents, professional achievements, or facts that have not been mentioned in previous questions.

Are you a veteran? Yes No If yes, indicate dates of service: From _____ To _____

List the names and positions of three individuals who will each submit a letter of recommendation on your behalf:

Name _____ Title _____

Address _____

Phone _____

Name _____ Title _____

Address _____

Phone _____

Name _____ Title _____

Address _____

Phone _____

Have you taken the GMAT? Yes No Score _____ Date Taken _____

Racial/ethnic group (response optional):

American Indian, Alaskan

Caucasian/White

Asian American/Oriental

Hispanic, Mexican American, Puerto Rican

African American, Black

Other _____

How did you first learn of the Anderson University MSN-MBA program, and what were the key factors in your decision to apply?

Do you have any diagnosed and documented health conditions that might affect your performance in class?

No Yes *(If yes, please explain.)*

All nursing-captioned courses will be taught at Community North, 7250 Professional Building, Indianapolis.

For business-captioned courses, several sites are available in the Indianapolis area and the Anderson University campus.

Anticipated start date _____

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

Signature _____ Date _____

**Send the following to the School of Nursing Graduate Program,
Anderson University, 1100 E. 5th St., Anderson, IN 46012-3495**

- application form
- copy of your Registered Nurse license
- admission essay
- official transcript
- \$50 non-refundable application fee
- Copy of C.P.R. Certification
- Immunization records

Anderson University does not discriminate on the basis of age, gender, ethnic or racial origin, physical or mental disability, or marital or veteran status in its educational programs, admission procedures, or employment practices.

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