

# APPLICATION FOR ADMISSION

*Degree Programs for RNs*



**RETURN THIS FORM WITH \$50 APPLICATION FEE TO:**

Marian University PACE Office • Degree Programs for RNs  
45 S. National Ave. • Fond du Lac, WI 54935-4699 • Phone: (920) 923-8938 or 1-800-2-MARIAN ext. 8938

**PERSONAL INFORMATION** *Please print or type.*

Name \_\_\_\_\_  
Last First Middle initial Former name

Preferred name \_\_\_\_\_ Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent address \_\_\_\_\_ Country of citizenship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**PROGRAM FOCUS** *Please indicate program of study. Check all that apply.*

**RN to BSN/MSN**      **MSN only (pick specialty):**     Adult Nurse Practitioner (ANP)     Nurse Educator (NE)

**Previous MSN degree:**     Certificate in Nursing Education      *Anticipated graduation date* \_\_\_\_\_

**LOCATION**

Fond du Lac     Appleton     West Allis     Madison     \_\_\_\_\_

**REGISTERED NURSE LICENSURE**

Please include a copy of your current RN license with this application. All students must maintain current Wisconsin licensure while enrolled in the program. Wisconsin License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PREVIOUS EDUCATION** *List all institutions where you have earned college credits*

Name of institution	Location	Cumulative GPA	Dates attended	Credits earned	Degree earned

*Official transcripts must be sent to Marian University PACE Office, Degree Programs for RNs, from all regionally accredited NLNAC, CCNE, and other colleges or universities that you have attended since high school graduation.*

## WORK EXPERIENCE

Summarize your work experience. Complete this section or enclose a current résumé (*preferred*).

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

## VOLUNTEER EXPERIENCE

Indicate the nonprofit, community, business, and professional organizations in which you have been actively involved. List by order of personal significance.

Organization	Dates	Role/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REFERRAL SOURCE

How did you first hear about this Marian University program? (Name/s optional)

- |   |   |
|---|---|
| <input type="checkbox"/> Friend (name/s) _____    | <input type="checkbox"/> Alumni (name/s) _____  |
| <input type="checkbox"/> Relatives (name/s) _____ | <input type="checkbox"/> Student (name/s) _____   |
| <input type="checkbox"/> Employer (name/s) _____  | <input type="checkbox"/> Radio commercial (station/s) _____   |
| <input type="checkbox"/> Co-worker (name/s) _____ | <input type="checkbox"/> Newspaper advertisement (paper/s) _____  |
| <input type="checkbox"/> Other _____              | <input type="checkbox"/> Technical college <input type="checkbox"/> Marian representative <input type="checkbox"/> Internet |

## OPTIONAL INFORMATION

The following information is optional. Refusal to provide it will not subject the applicant to any adverse treatment. The information is requested to best meet your needs.

- |  |                              |  |
|--|------------------------------|--|
| Sex/Marital status: <input type="checkbox"/> Single male | Date of birth: _____         | Ethnic background:   |
| <input type="checkbox"/> Married male                    | Place of birth: _____        | <input type="checkbox"/> White ( <i>non-hispanic</i> ) <input type="checkbox"/> Black ( <i>non-hispanic</i> )    |
| <input type="checkbox"/> Single female                   | Religious affiliation: _____ | <input type="checkbox"/> American Indian/Alaskan Native  |
| <input type="checkbox"/> Married female                  |                              | <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other |

*I understand that I am responsible for the submission and the university's receipt of my official transcript(s) and that Marian University will accept for its permanent file only those transcripts issued directly by the registrar of each institution I have attended. Formal admission to Marian University will be granted only after all admission materials have been received.*

*I certify that the information contained in this application is a true and accurate account. I further authorize Marian University to make appropriate inquiries when necessary to certify to the accuracy of my records. I understand that falsification may result in denial of admission or dismissal from the university.*

*I further understand that if I elect to participate in the Tuition Deferment Program, payment is to be received by the Office of Business and Finance no later than 45 days after the last class meeting. Failure to receive payment by this date will prohibit registration for other courses until the Office of Business and Finance receives payment in full. In the event that this agreement is referred to an attorney or collection agency for collection through legal proceedings or otherwise, I agree to pay reasonable collection costs and fees, attorney's fees, court costs and other related costs to Marian University. Default interest shall accrue at the rate of one percent (1%) per month from the date of default until the date of payment.*

*If I am admitted to Marian University, I understand that I will be expected to abide by all university rules and regulations.*

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

# TRANSCRIPT REQUEST FORMS



**TRANSCRIPT REQUEST — PLEASE PRINT**

**Please send one (1) official transcript to:**

Marian University PACE Office  
Degree Programs for RNs  
45 S. National Ave.  
Fond du Lac, WI 54935

**Please send copy to student:**  Yes  No

I have enclosed a processing fee  
of \$\_\_\_\_\_ per transcript.



Name of School \_\_\_\_\_ Dates of Attendance (Mo/Yr): \_\_\_\_\_

Last name \_\_\_\_\_ Maiden \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

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Student signature \_\_\_\_\_ Date \_\_\_\_\_