

EASTERN KENTUCKY UNIVERSITY
GRADUATE NURSING PROGRAM

DEPARTMENT APPLICATION FORM

Specialization Option:

- Advanced Practice Rural Public Health Nursing Administration Area of Concentration
- Advanced Practice Rural Public Health Nursing Nursing Education Area of Concentration
- Rural Health Family Nurse Practitioner
- Rural Psychiatric Mental Health Nurse Practitioner

Preferred Site of Class Attendance:

- Full-time
- Part-time
- Corbin
- Danville
- Hazard
- Manchester
- Richmond
- Full-time
- Part-time
- Full-time
- Part-time

Enrollment Term & Year (**Please see note below*): _____

Name: _____ Soc. Sec. No./ Student ID No. _____
Last First Middle/Maiden

Present Address: _____
Number & Street City State Zip

Permanent Address: _____
Number & Street City State Zip

Present Phone: _____ Permanent Phone: _____ Work Phone: _____ E-mail: _____

Please Complete The Following Information:

1. Have you already taken the **Graduate Record Examination** or the **Miller Analogies Test**? If not, please state which exam you plan to take and when you plan to take it.
2. A three hour undergraduate or graduate course in statistics is an admission requirement. Please list the **statistics course** you have taken and where/when you took the course. If not, please state your plans for meeting this requirement.
3. List any **graduate courses** you have taken or plan to take before enrollment in this program.
4. Indicate your anticipated **site of practice after graduation**:

*In the **Adv. Practice Rural Public Health Nursing** option, both full- and part-time study begin in the fall semester for the **Nursing Education area of concentration**. For the **Administration area of concentration**, full-time study begins in the summer and part-time in the fall. For the **Nurse Practitioner** options, full-time study begins in the summer and part-time study begins in the fall semester.

Note: must submit current Nursing License with applicaiton

5. Please state where and when you completed your **Bachelor of Science in Nursing degree**. Also, please list any **extracurricular activities, honors, or awards** you received during your BSN program.

6. Please list any **honors, awards, or commendations** received during your professional career.

OCCUPATIONAL PROFILE

List any employment since graduation from your basic nursing program (listing most recent first).

Employed	Name & Address of Employer	Job Title	Name & Title of Immediate Supervisor	Reason for leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

I hereby certify that the above statements are correct and complete.

Date

Signature

Return this form to:

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 Rowlett 223
 Eastern Kentucky University
 521 Lancaster Avenue
 Richmond, KY 40475-3102
 Phone: (859) 622-1838
 Fax: (859) 622-1972
 E-mail: Lillian.McFarland@eku.edu