



Georgetown University

NHS

HUMAN SCIENCE • INTERNATIONAL HEALTH  
HEALTH SYSTEMS ADMINISTRATION • NURSING

# Graduate Nursing Non-Degree Application Form

**Non-Georgetown University students** may apply for non-degree courses by completing this application form and submitting official transcripts from **ALL** schools attended. Submit application fee of \$65, payable to Georgetown University NHS

Please indicate the Semester for which you are applying: Year \_\_\_\_\_ ( ) Spring Semester ( ) Fall Semester  
Please indicate the Graduate Program in which you are interested in: \_\_\_\_\_ ACNP \_\_\_\_\_ CCNS \_\_\_\_\_ FNP  
\_\_\_\_\_ NAP \_\_\_\_\_ NED \_\_\_\_\_ NDW

**PART I** CIRCLE ONE: Ms., Mrs., Mr.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
(If you do not have one, leave blank)

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Citizenship [ ] US [ ] Non-US \_\_\_\_\_ Permanent Resident of (list country) \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Current Local Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Local/Cell Phone ( ) \_\_\_\_\_ Valid Until \_\_\_\_\_

School presently attending \_\_\_\_\_ Degree Program: B.A./ B.S./ M.A./ M.S./ Ph.D.

School last attended & dates \_\_\_\_\_ Highest academic level completed \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Have you ever been suspended or dismissed from G.U. for any reason? ( ) Yes ( ) No

If "Yes," have you been readmitted? ( ) Yes ( ) No Date of readmission \_\_\_\_\_

**PART II** Indicate the courses for which you plan to register.

Dept. Code	Course #	Section	Session	Title	Credits	Tuition
_ _ _	- _ _	- _	_ _	_____	_____	_____
_ _ _	- _ _	- _	_ _	_____	_____	_____

**PART III and IV**

**YOUR APPLICATION IS INCOMPLETE UNTIL THIS OFFICE HAS RECEIVED YOUR TRANSCRIPT AND YOU HAVE SECURED THE SIGNITURES LISTED BELOW.**

( ) I have enclosed a copy of my transcripts from (school name) \_\_\_\_\_  
( ) I have requested a copy of my transcript to be sent to Georgetown University NHS; St. Mary's Hall; 3700 Reservoir Rd. NW; Washington, DC 20057

Signature of Program Director \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Course Instructor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_