

Graduate Application



Expected Enrollment Fall _____ Spring _____ Summer _____
Year Year Year

Prepare to be the **best**.

Have you previously applied for admission to Clarkson College? ☐ No ☐ Yes _____
Dates & Program

Have you previously attended Clarkson College? ☐ No ☐ Yes _____
Dates & Program

Personal Data

Full Name _____
Last First Middle Maiden

Address _____
Street City State Zip

Social Security Number _____ E-mail _____

Phone _____
Home Cell Work

Citizenship ☐ U.S. citizen ☐ U.S. permanent resident ☐ Dual U.S. citizen _____
Country of Citizenship
☐ Other citizenship _____
Country/Countries

Visa Type (if applicable) _____ Provide a copy of your Permanent Resident Card or Visa

How long have you been in the U.S.? _____ First language if other than English _____

Optional Demographic Information

The following information is confidential. It is not used in admissions decisions, and it will only be released in group statistics for federal, state and institutional reports.

Date of Birth ____ / ____ / ____ Sex ☐ Female ☐ Male Religious Preference _____
MM DD YY

Are you of Hispanic/Latino ethnicity or descent? ☐ No ☐ Yes

Select one or more races with which you identify yourself ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Non-resident alien ☐ Two or more races ☐ Unknown

Marital Status ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widowed Number of Dependents _____

Will you be receiving Veteran's benefits? ☐ No ☐ Yes

Area of Academic Interest

Bachelor of Science in Nursing to Doctor of Nursing Practice

☐ Adult–Gerontology Primary Care Nurse Practitioner ☐ Family Nurse Practitioner

Master of Science Degree in Nursing

☐ Adult–Gerontology Primary Care Nurse Practitioner ☐ Family Nurse Practitioner ☐ Nurse Anesthesia
☐ Nursing Education ☐ Nursing Health Care Administration

Post-Master's Certificate in Nursing

☐ Adult–Gerontology Primary Care Nurse Practitioner ☐ Family Nurse Practitioner ☐ Nursing Education
☐ Nursing Health Care Administration

Master of Science Degree in Health Care Business

☐ Health Care Administration

Post-Master's Certificate in Business

☐ Health Care Administration

Doctoral Degrees

☐ Health Care Education and Leadership ☐ Nursing Practice

Academic Background

High School

Name

City

State

Graduation Date

If you are not a high school graduate, have you earned the GED equivalent? ☐ No ☐ Yes _____
Date

Post-Secondary Education

List all institutions of higher education you have attended. Official academic transcripts should be sent directly from each listed institution to Clarkson College.

| Institution Name | City | State | Dates Attended | Degree/Diploma |
|------------------|------|-------|----------------|----------------|
| Institution Name | City | State | Dates Attended | Degree/Diploma |
| Institution Name | City | State | Dates Attended | Degree/Diploma |

Have you ever been suspended, placed on probation or dismissed from any school, college or university for academic or disciplinary reasons? ☐ No ☐ Yes _____
If yes, please explain

Do you have a valid state unencumbered RN license? ☐ Yes ☐ No _____
Provide a copy of your RN license with completed application If no, please explain

Criminal Background Check & Drug Screening

Drug & Alcohol Screening

Drug and alcohol screenings may be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes, college activities or campus housing. Testing positive on a drug screening will result in consequences that will vary, depending on the level of severity and the need for additional treatment. At the very least, the student will be unable to attend a clinical or field site until cleared to do so. Other potential consequences may include suspension or expulsion.

Criminal Background Check

Prior conviction of a felony of certain misdemeanors, other than minor traffic offenses, may make a student ineligible to participate in various clinical experiences and possibly make it impossible for a student to complete the scheduled program of study. Additionally, prior conviction of a felony or misdemeanor may make the individual ineligible for the professional licensure, professional certification or professional registration, dependent upon the specific regulations of individual health professions and state of practice.

Have you ever been convicted of a misdemeanor or felony? ☐ No ☐ Yes *If yes, provide a detailed explanation (all offenses, dates, location of courts and outcomes) on a separate sheet of paper.*

Convictions or charges resulting in any of the following must be reported: plea of guilty, plea of nolo contendere (no contest), withheld or deferred adjudication, suspended or stay of sentence, and/or military or court martial. Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use.

Student Statement & Signature

I hereby certify that the statements on this application are correct to the best of my knowledge. I understand that falsification or omission of information may result in disqualification or dismissal of this application for admission to Clarkson College.

Applicant Signature

Applicant Printed Name

Date

Partnership Information

Indicate if you are an ☐ employee ☐ spouse or ☐ dependent child (age 23 or younger) of our partners. The Partnership Verification form must be completed to determine eligibility to receive the Partnership Tuition Rate. The Partnership Verification form will be sent to the student upon review and acceptance to the College, and the form is required to be returned with the Admissions Confirmation form. Clarkson College is selective and meeting all criteria for admission does not guarantee admission or participation in this program.

☐ Bellevue Medical Center
☐ Clarkson College
☐ UNMC Physicians Clinics

☐ Community Hospital Association
☐ Nebraska Medicine

☐ Nebraska Orthopaedic Hospital
☐ Shenandoah Hospital

Additional Information

How did you hear about Clarkson College?

| | |
|--|---|
| <input type="checkbox"/> Direct Mail _____ Piece Received | <input type="checkbox"/> Radio _____ Station(s) |
| <input type="checkbox"/> Magazine _____ Magazine(s) | <input type="checkbox"/> Television _____ Station(s) |
| <input type="checkbox"/> Newspaper _____ Newspaper(s) | <input type="checkbox"/> Website _____ Site(s) |
| <input type="checkbox"/> Conference/Visit _____ Conference/Visit Date | <input type="checkbox"/> Other _____ |

If you were referred to Clarkson College, please provide the individual's name and relationship so he/she may be recognized.

| |
|---|
| <input type="checkbox"/> Current Clarkson College student _____ Name Relationship to you |
| <input type="checkbox"/> Clarkson College alumnus _____ Name Relationship to you |
| <input type="checkbox"/> Other _____ Other Name Relationship to you |

Application Certification

I hereby certify that the statements on this application are correct to the best of my knowledge, and I understand that falsification or omission of information may result in disqualification or dismissal of this application for admission to Clarkson College. I authorize official representatives of Clarkson College to verify information provided in this application. Application materials submitted as part of the application process become the property of Clarkson College. Materials will not be returned, and copies will not be provided. Keep a copy of this application for your records. I agree to abide by the policies and regulations of Clarkson College.

Note: Drug and alcohol screenings may be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes, college activities or campus housing. Testing positive on a drug screening will result in consequences that will vary, depending on the level of severity and the need for additional treatment. At the very least, the student will be unable to attend a clinical or field site until cleared to do so. Other potential consequences may include suspension or expulsion.

| | | |
|---------------------------|------------------------------|------------|
| Applicant Signature _____ | Applicant Printed Name _____ | Date _____ |
|---------------------------|------------------------------|------------|

Notice of Non-Discrimination: Clarkson College complies with all applicable federal, state and local laws relating to discrimination and does not discriminate on the basis of race, color, religion, ancestry, sexual orientation, physical or mental disability, age, national origin, ethnicity, sex, veteran's status or marital status in the administration of its educational programs and policies, financial aid, activities or other school administered programs. Questions regarding Title IX may be referred to the Title IX Coordinator or to the Office of Civil Rights (OCR). The Director of Student Support Services serves as the Title IX Coordinator and is located in the Success Center. The Title IX Coordinator can be contacted at 402.552.2693, 1.800.647.5500, or at titleixcoordinator@clarksoncollege.edu. The OCR can be contacted by visiting <http://www2.ed.gov/about/offices/list/ocr/index.html> or by calling 1.800.421.3481. Questions regarding other types of discrimination should be directed to the Director of Human Resources, Deb Tomek, at tomekdeb@clarksoncollege.edu. Questions regarding accommodations for student disabilities should be directed to the Accommodations Coordinator at accommodations@clarksoncollege.edu.