



QUEENS UNIVERSITY
OF CHARLOTTE

***Presbyterian
School of Nursing***

APPLICATION FOR GRADUATE ADMISSION

Queens University of Charlotte
Presbyterian School of Nursing Office of Admissions
1900 Selwyn Ave
Charlotte NC 28274
704 337-2276
704 688-7530 fax

PERSONAL INFORMATION

Name _____
Last First Middle SSN

Mailing Address _____
Street Address or P.O. Box Number City
State Zip Code County

Date of Birth _____

Telephone Number _____ Email Address _____

Other name(s) under which documents may be received _____

Employer Information _____
Employer Position
Employer Address City
State Zip Code County Telephone Number

Country of Citizenship _____

Have you taken the GRE? Yes No Date Taken: _____ Scores: Verbal _____ Analytical _____ Quantitative _____

Nursing Licensure Information:

Name as it appears on license _____

Issued by which state _____

License number _____

Date of expiration _____

STATISTICAL INFORMATION

The following information is requested so that Queens University of Charlotte may demonstrate to the U.S. Department of Education the University's compliance with Title VI of the 1964 Civil Rights Act. Please check the appropriate categories. Your response is voluntary.

- Ethnicity
- American Indian
 - Asian or Pacific Islander
 - Black
 - Hispanic
 - White
 - Other _____

- Marital Status
- Single
 - Married

- Gender
- Female
 - Male

Religious Preference: _____

PROFESSIONAL BACKGROUND

Please submit a current resume describing your professional/personal goals and list any positions held since you began working, beginning with the most recent.

QUEENS UNIVERSITY OF CHARLOTTE HONOR CODE

The honor code regulates all phases of life at Queens University of Charlotte and is binding on all members of the community. It involves three fundamental principles: truthfulness at all times; respect for the property of others; and honesty in tests, examinations, term papers, and all other academic assignments. In signing below, I acknowledge that I have read this statement thoroughly, that this application is true and that I pledge to uphold the Honor Code as long as I am a member of the Queens community.

Signature

Date

Please return your application to:
Queens University of Charlotte
Presbyterian School of Nursing Office of Admissions
1900 Selwyn Ave
Charlotte NC 28274
704 337-2276
704 688-7530 fax

Admission to Queens University of Charlotte is granted to qualified applicants without regard to race, color, creed, sex, age, marital status, national origin, or handicap.

