

Please type or print clearly:

1. Full Name: _____
First
Middle
Last

2. Other name(s) under which you have transcripts: _____

3. Address: _____
Street
City
State
Zip

4. Home Phone Number: _____ Work Phone Number: _____

5. Social Security Number: _____ (will not be used as student identification number)

6. Email Address: _____

7. Expected date of entrance: Fall Winter Summer Year: _____

8. Degree you are seeking: Bachelor's Certificate Master's Post-Master's Doctorate Other/None
 Check here if applying to become a special student

9. Program, Major, or Course for which you are applying: Graduate Nurse Anesthesia

If applicable, please list your preferred Cohort/Location: Not applicable

10. Educational Data: List all colleges or universities attended:

Name of Institution	Location	Major	Dates Attended	Degree, if any

11. Work Experience: List full-time and part-time work experience, beginning with your most recent work.

Name of Employer & Position	City/State	Dates Employed

TWIN CITIES CAMPUS

APPLICATION FOR ADMISSION (continued)

12. Relevant exams for credit (Bachelor's applicants only): List standardized exams taken for college credit (CLEP, DANTES, etc.) and non-collegiate courses that are recommended for college credit from the American Council on Education (ACE).

Examination/Courses	Subject	Dates Completed
Not applicable		

13. Other Relevant Professional Experience: List internships, institutes, seminars, etc.

Institution/Agency	Nature of Experience	Dates
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14. Awards and Honors.
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15. I understand that I must submit all materials required for admission to the Saint Mary's University Twin Cities Campus Office of Admission prior to admittance (see address below).

I understand that I am responsible for requesting official transcripts of my records and/or exams from the institutions involved and that Saint Mary's University will accept only those transcripts mailed directly from the registrar of each institution I have attended. As applicable, I understand that a notarized copy of the DD214 form (military) and other appropriate records also are required for evaluation of transfer credit into the Bachelor of Science program.

I understand that to apply to a Saint Mary's program I must provide a \$25 nonrefundable application fee. (Fees subject to change.) Make check or money order payable to Saint Mary's University. Direct all correspondence and transcripts to:

Saint Mary's University of Minnesota
Office of Admission - (Name of Program)
2500 Park Avenue
Minneapolis, MN 55404-4403
Toll-free: (866) 437-2788

16. I understand in order to fulfill the requirements of a Saint Mary's University degree program, I must complete a portion of the program at one of the official degree sites (*Twin Cities Campus, Apple Valley, Minnetonka Center, Rochester Center and Winona Campus*).
17. I hereby certify that the information on this application for admission is accurate and complete. I understand that I must update data on this application if circumstances change the accuracy of the previously provided information.

By submitting this application, I agree to abide by and be subject to the university's rules, regulations, and disciplinary code.

Signature of Applicant: _____ **Date:** _____

Campus Security: Saint Mary's University of Minnesota, in compliance with the Crime Awareness and Campus Safety Act of 1990, prepares an annual report containing information on its campus security policies, crime prevention programs, and campus crime statistics. Any applicant for admission may obtain a copy of this report, free of charge, by contacting the Admission Office.

Private Institution Registration: Saint Mary's University of Minnesota is registered with the Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.

Statement of Nondiscrimination: Saint Mary's University of Minnesota adheres to the principle that all persons have equal opportunity and access to admissions, employment, facilities, and all programs and activities of the university regardless of race, color, creed, religion, national origin, sex, disability, marital status, or status with regard to public assistance. The following person has been designated to handle inquiries regarding the university's nondiscrimination policies:

Equal Employment Opportunity Officer, Saint Mary's University of Minnesota, 700 Terrace Heights #30, Winona, MN 55987 • Phone: (507) 457-1587
The Equal Employment Opportunity Officer may refer discrimination inquiries or complaints to other offices or individuals as appropriate.