DUQUESNE UNIVERSITY
SCHOOL OF NURSING

Special Application Status

INSTRUCTIONS

Complete the form, print, sign and mail with supporting documents (see below).

Name: _____
(Last) (First) (Middle)

Are any of your records under another name? If so, indicate name: _____

Permanent Address: _____

City: _____ **State/Province**: _____

Postal Code: _____

Citizenship: ☐ United States Citizen ☐ Non-resident Alien ☐ Permanent Resident
☐ Refugee ☐ Not Reported ☐ Undocumented Citizen

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Current Program: _____ **College/University:** _____

Please explain your reasons for applying for Special Status:

Desired Enrollment Date: ☐ Fall ☐ Spring ☐ Summer Year: _____

Requested Core Course: _____
(Course number and title)

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(Course number and title)

I hereby certify that the information I have provided in this application is accurate and complete.

Signature _____ **Date** _____

I am enclosing the following items:

- ❑ Completed and signed application form
- ❑ Copy of RN license
- ❑ If you are in a graduate program, please include a statement from the administrator of your current graduate program
- ❑ Check for $50 application fee (nonrefundable) made payable to Duquesne University

Submit completed application to:

Duquesne University
School of Nursing
Scott Copley, M.Ed.
600 Forbes Avenue
Pittsburgh, PA 15282-1760