



Online Application

Please submit this document to the Online Admissions Center or your Program Manager

Via fax:
877.497.5850

Via mail:
Queens University of Charlotte
Online Admissions
851 Trafalgar Court, Suite 420 W.
Maitland, FL 32751

Via email attachment:
onlineinfo@queens.edu

APPLICANT INFORMATION

Name: Mr. Ms. Mrs. _____ M F
Last First Middle

Preferred to be called (nickname): _____ Former last name(s) if any: _____

Street address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Date of Birth (mm/dd/yyyy): _____ Social Security Number: _____

Birth Country: _____ Birth City: _____

Citizenship (check one):

U.S. Citizen

U.S. Permanent Resident Visa; citizen of: _____ Registration #: _____ Visa Status: _____
(Please include photocopy with application)

Other citizenship - country: _____ Type of visa: _____

Are you Hispanic or Latino?

Yes

No

Select one or more of the following races:

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

ACADEMIC PROGRAM

Please choose the degree and focus area for which you are applying (check one):

Master of Science in Nursing - Clinical Nurse Leader

Master of Science in Nursing - Nursing Informatics

Master of Science in Nursing - Nurse Educator

Master of Arts in Educational Leadership

Master of Science in Nursing - Nurse Administrator

Master of Arts in Communication

Master of Science in Nursing - RN to MSN

Master of Health Administration

Semester for which you are applying (check one): Fall 20____ Spring 20____ Summer 20____

Are you expecting to receive tuition assistance/reimbursement from one or more of the following sources? (check all that apply):

Employer Veterans Affairs Federal Financial Aid Other: _____

If your employer is financially sponsoring your graduate studies, please specify amount: \$ amount or % _____

PREVIOUS EDUCATION

Please list in chronological order all undergraduate and graduate institutions attended (even if you did not receive a degree), including professional and non-degree programs.

College(s) Attended:

Institution Name	Location	Start Date	End Date	GPA	Major	Degree Earned/To be Earned

EMPLOYMENT HISTORY

Occupation/Job Title: _____ Industry type: _____

Employer/Organization Name: _____ From (mm/yyyy): _____ To (mm/yyyy): _____

Work email: _____ Work Phone: (____) _____ Work Fax: (____) _____

Work Address: _____

Number of Years Work Experience (prior to enrollment): ____ Number of Years Supervisory Experience: ____

RECOMMENDERS:

Recommenders Name	Email	Phone Number

Have you ever applied to Queens University of Charlotte before?

Yes No If yes, when? _____

Have you ever attended Queens University of Charlotte?

Yes No If yes, when? _____

APPLICATION VERIFICATION SIGNATURE

Checking this box and typing my name below will serve as my electronic signature.

I hereby certify that the information in this application is accurate, that the responses and essays are my own work, and that I have personally completed this form. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial or cancellation of admission to the School before or after enrollment. I understand that all credentials submitted in support of this application become the property of the University and are not returnable.

Signature

Date

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 texts, examinations, term papers and all other academic assignments. In signing below, I acknowledge that I have read this statement thoroughly, that this application is a true and accurate account and that I pledge to uphold the Honor Code as long as I am a member of the Queens University of Charlotte community.

Signature

Date

NOTE TO APPLICANTS

No person will be denied admission to the or otherwise be discriminated against at Queens University of Charlotte on the basis of race, color, religion, sex, national origin, age, marital status, personal appearance, family responsibilities, physical or mental disability, matriculation, political affiliation, or status as a Vietnam Era or disabled veteran insofar as any of these classes are defined and protected by Federal and North Carolina laws and regulations.