



APPLICATION FOR MASTERS & DOCTORAL SPECIAL STATUS, NON-DEGREE

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

Signature _____ Date _____

I am enclosing the following items:

- %o Completed and signed application form
- %o Copy of RN license
- %o Statement from the administrator of your current doctoral program
- %o 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