

CONTACT INFORMATION

Present address: _____
Street

_____ Home Work Cell Fax
City State Zip (postal) code Country

County: (Minnesota residents only) _____

Preferred phone number: _____ Home Work Cell Fax

Phone number 2: _____ Home Work Cell Fax

E-mail: _____

RELIGIOUS AFFILIATION *(optional)*

Denomination or spiritual tradition: _____

If Lutheran: ELCA Missouri Synod Other

Congregation: _____
Name City, State

Pastor: _____

FAMILY INFORMATION *(optional)*

SPOUSE/PARTNER/FAMILY:

_____ yes no
First name Middle name Last name

I authorize Augsburg admission staff to discuss my admission file and status with this person: yes no

Have either of your parents earned a bachelor's degree? yes no

Have any of your friends, family members or co-workers attended Augsburg College (including current students)?

_____ yes no
First name Last name Relationship to you Approx. attendance dates

_____ yes no
First name Last name Relationship to you Approx. attendance dates

MORE ABOUT YOU

How did you learn about Augsburg College? _____

What most persuaded you to apply to Augsburg College? _____

Do you plan to apply to other colleges? yes no
If yes, which colleges? _____

Do you plan to file the Free Application for Federal Student Aid (FAFSA)? yes no

Will you be taking advantage of a tuition reimbursement or remission program while at Augsburg? yes no
If yes: Employer reimbursement Tuition remission Other _____

Planned term of entry? Fall Winter Spring Year _____

Are you currently employed? yes no
If yes, where? _____
Position: _____
Address: _____

Have you ever been convicted of a felony? yes no
If yes, please explain: _____

Have you, or are you currently serving in the Armed Forces of the United States? yes no
If yes, which branch? _____

Previous Education

Please list **all** schools attended: high school, colleges, universities, and vocational/technical institutions.

School name and location	Dates of attendance	Degree or credits earned
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

I certify that the information I have given is true to the best of my knowledge. If I am accepted to Augsburg College, I agree to comply with all regulations of the College and to review the catalog and agree to the terms therein. Information from this form may be used by officials of the College.

Any misrepresentation on the part of the applicant is cause for non-acceptance, cancellation of acceptance, or dismissal from school. All documents submitted in support of the application become the property of the College and are not returnable or transferable.

My signature below indicates that all the information in my application is complete, factually correct, and honestly presented.

Signature of applicant _____ Date _____

Augsburg College, as affirmed in its mission, does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, age, gender, sexual orientation, marital status, status with regard to public assistance, or disability in its education policies, admissions policies, scholarship and loan programs, athletic and/or school administered programs, except in those instances where religion is a bona fide occupational qualification. Augsburg College is committed to providing reasonable accommodations to its employees and its students.

Augsburg College
2211 Riverside Ave.
Minneapolis, MN 55454
www.augsburg.edu

Graduate Admissions Office
612-330-1101
Campus Box 65
manursing@augsbuurg.edu

**AUGSBURG
COLLEGE**

APPLICATION INSTRUCTIONS

You may apply for admission to Augsburg College MA in Nursing if you have received a bachelor's degree in nursing or higher from an accredited college or university. You may apply for admission to the Post-Master's certificate program if you have received a master's degree in nursing. Selection of students is based on demonstrated academic ability with satisfactory performance in college work.

Application

- Complete the application form and return it with the \$35 nonrefundable application fee to the address below.

Transcripts

- Have official academic transcripts from all previously attended post-secondary institutions sent directly to the Graduate Admissions Office. This includes colleges, universities, and vocational/technical institutions.

Recommendations

- Three letters of recommendation regarding your character and ability for graduate study must be sent to the Graduate Admissions Office. Two of these recommendations must be from professional colleagues.

Personal Statement

- Submit a two- to three-page typed statement describing your professional and educational goals related to the Master of Arts in Nursing program.

Additional Documentation

- Copy of RN license
- HIPAA Training Verification
- Immunization form

Registration

- You are welcome to register after you have been accepted into the program. You will be notified of the admission decision after your application file is complete and has been evaluated by the Admissions Committee.

Return application and admissions requirements to:

Augsburg College
CB 65
2211 Riverside Avenue
Minneapolis, MN 55454