



**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
- Statement from the administrator of your current doctoral 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