



## 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

### GRADUATE PROGRAMS

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

Master of Arts in Educational Leadership

Master of Science in Nursing - Nurse Educator

Master of Arts in Communication

Master of Science in Nursing - Nurse Administrator

Master of Health Administration

Master of Science in Nursing - Clinical Nurse Leader

Master of Science in Nursing - RN to MSN

Master of Science in Nursing - Nursing Informatics

## GRADUATE CERTIFICATES

If you are opting for a graduate certificate, please choose the certificate for which you are applying (check one):

- Post-Master's Certificate - Clinical Nurse Leader       Post-Master's Certificate - Nursing Informatics  
 Post-Master's Certificate - Nurse Educator       Organizational Communication Certificate  
 Post-Master's Certificate - Nurse Administrator       Strategic Communication Certificate

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.

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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.**

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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.