



# College of Nursing

*at the University of Missouri-St. Louis*

## *Application for Clinical Major Fall 2008*

Please complete and return this application to the Office of Student Services at the College of Nursing at the University of Missouri-St. Louis, One University Boulevard, St. Louis, Missouri 63121. In addition, all clinical applicants who are not currently enrolled at the University of Missouri-St. Louis must complete and send a University application and transcripts from all colleges attended to the Office of Admissions at the University of Missouri-St. Louis, One University Boulevard, St. Louis, Missouri 63121. All application materials must be completed no later than February 1, 2008.

**Social Security Number:** \_\_\_\_\_

**UMSL Student Number** \_\_\_\_\_

**Name:** \_\_\_\_\_  
First Middle Last

**Current Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**Phone:** \_\_\_\_\_  
Home Work Cell

**Current Enrollment:** Please indicate the school you are currently attending and the courses in which you are currently enrolled.

School: \_\_\_\_\_

Courses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_