College of Nursing
at the University of Missouri-St. Louis

Application for Clinical Major Fall 2010

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 no later than February 1, 2010.

UMSL STUDENT
Number_____

Name: _____
First Middle Last

Current
Address: _____
Street

_____
City State Zip

Phone: _____
Home Cell

Email Address: _____

Please indicate the following current enrollment information:

School**:** _____

Courses enrolled in for Spring 2010 Summer 2010 (If applicable)

_____ _____

_____ _____

_____ _____

_____ _____

Signature**:** _____ Date: _____

Please return completed application by February 1, 2010 to the:
College of Nursing at the University of Missouri-St. Louis; Office of Student Services
One University Boulevard (MC 529)
St. Louis, MO 63121-4400
Telephone: 314-516-6066 Fax: 314-516-7215