

NELL HODGSON WOODRUFF SCHOOL OF NURSING

**SPECIAL STANDING
Request for Approval**

Student Information

Name _____
Last First Middle

Under what other name(s) might documents be received? _____

Social Security Number _____ Date of Birth _____

For which semester are you applying? _____

Address

_____ *Street Apt. #*

_____ *City State Zip Code*

Home Telephone _____ Work Telephone _____ Email _____

Are you a Registered Nurse? If so, where do you work? _____

Educational Background

List in chronological order all undergraduate, graduate, and/or professional schools that you have attended since high school. **Please specify where you completed your registered nursing study.**

<i>College/School</i>	<i>Dates of Attendance</i>	<i>Major</i>	<i>Degree Granted/Expected</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you eligible to re-enter the school last attended? Yes _____ No _____

Why do you wish to be a Special Standing Student?

Place of Birth _____ *City State* Citizenship _____

Gender: Female _____ Male _____ *(This information is used only in accordance with Title IX of the Education Amendments of 1972)*

Predominant Ethnic Background *(This information will be confidential and used only in accordance with Title II of the Civil Rights Act of 1964)*

Am. Indian/Alaskan _____ African Am. _____ Asian/Pacific Islander _____ Caucasian _____ Hispanic _____ Multicultural _____ Other _____

Please list the course(s) you would like to take. Keep in mind that students in special standing are eligible to enroll on a space-available basis only.

<i>Course Number</i>	<i>Credit Hours</i>	<i>Course Title</i>	<i>Semester</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Because some courses are not offered every semester, students should verify the current offerings through the semester schedule.

Conditions

- 1. Policies outlined in the School of Nursing Catalog (including registration dates, deferred examinations, incompletes, and course withdrawals) pertain to Special Standing students as well as degree candidates.
2. A student in Special Standing who wishes to enter a degree program must apply for admission to the School of Nursing as a degree candidate. Approval of a student for Special Standing does not obligate the School of Nursing to accept the student as a degree candidate.
3. Approval of a student in Special Standing does not guarantee enrollment. A new approval form must be completed for each term of enrollment and submitted no later than 60 days prior to the start of the term.
4. No more than twelve semester hours may be taken as a special standing student, although these twelve hours may be transferred into an appropriate program if the student applies for and gains admission to the School of Nursing.

I agree that if enrolled as a student at Emory University, I will abide by all rules, regulations, practices, and polices of Emory University in place at the time of my enrollment. I understand that falsification or purposeful misrepresentation of my qualifications may result in the denial of my enrollment approval. I further agree to pay any fines or assessments, which may be made against me for violation of campus traffic or safety rules, including parking, and for such charges added to my tuition and rent statements from Emory University.

Signature of Applicant _____ Date _____

Please return the completed form and \$50.00 application fee to the Office of Enrollment and Student Affairs at 1520 Clifton Road, Atlanta, GA 30322. Upon approval, a registration confirmation will be sent to you. For questions or concerns, please call 404.727.3500.

For office use only:

Asst. Dean for BSN or MSN Education _____ Date _____
Signature

Director of the DNP Program _____ Date _____
Signature

Associate Dean for Enrollment and Student Affairs _____ Date _____
Signature

Applications for admission are considered on the basis of qualifications without regard to race, color, creed, gender, sexual orientation, national origin, age, disability, or veteran status.

Student Services Use Only

Has the student applied as a degree-seeking applicant? Yes _____ No _____

If yes, which term and year? _____

How many hours of special standing coursework has the student already taken? _____

Processed by: _____

Date: _____