Nell Hodgson Woodruff School of Nursing Application for Transient Status

This information is for transient status at Nell Hodgson Woodruff School of Nursing. This status is reserved for students who are

		nother institution and who ase read all instructions of		at the School of Nursin	g, but are not		
I am applying for:	□ Fall 20	□ Spring 20	_ □ Summer 20				
		ission to any division of I	Emory University? ☐ No				
CONDITIONS IN W	HICH ALL TRANSIEI	NT STUDENTS ATTEND	THE SCHOOL OF N	JRSING			
		or those courses that are candidates fill a specific		ndidates and should h	ave alternate course		
	pe restricted to course prerequisite requirem	es approved by the degreents.	ee granting institution a	nd in accordance with	School of Nursing		
candidate. If a trans	sient student applies a	o way obligates the Schoss a degree candidate at given any special consi	a later date, he/she mu	ist do so through the re	egular channels and		
4. Transient studen Nursing as are degree		ame rules, regulations, p	oractices, and policies o	of Emory University and	d the School of		
GENERAL INFORM	IATION						
Services in writing n you wish to enroll. I	o later than thirty days f you fail to notify the	ent for any subsequent so s prior to the beginning o Office of Admission and by be canceled, and you	of each semester. This Student Services and e	must be done for each enroll through the regu	n semester for which ar registration		
If you have additional 404-727-7980.	al questions regarding	transient students, plea	se call the Office of Adı	mission and Student S	ervices at		
STUDENT INFORM	ATION						
Social Security num	ber			*Male	_ Female		
Legal name: Last		First	Middle	Preferred name	 		
Permanent address	(number and street)						
City		State		Zip			
Telephone number		Email ad	ldress				
Temporary address,	if different (number a	nd street)					
		State		Zip			
College you attend			Dates of attendance				
Date of birth	City	of birth	State or	State or country			
Citizenship U.S. citizen Other citizenship. Citizen of Visa type				a type			
U.S. Permanent Resident: Alien registration receipt ("green card") number							
If you are not a U.S.	citizen but live in the	United States, how long	have you lived in the c	ountry?			
If you are not a U.S.	citizen and live outsid	de the United States, do	you plan to bring with y	ou any dependents (h	ouse or children)?		

*This information will be used only in accordance with the Title IX of the Education Amendments of 1972.

___ Yes ___ No

AUTHORIZATION OF DEGREE	GRANTING INSTITUTION						
This section must be signed by the	e dean or Registrar of the Institution granting deg	ree credit for thi	s work.				
Date, 20 This is to confirm that is a student in good standing, has not had health problems, has never been suspended, dismissed, or put on conduct probation at this institution, and is eligible for readmission to this institution on the basis of standing when last in attendance. Exception or comments:							
Enrollment at Emory University or selection from the following list of	a a transient basis for one term beginning Emory courses is approved:	, 20	is authorized and any				
Course Title	Credit Hours						
Institution	Signature of Dean or	Registrar					
SIGNATURE							
to furnish correct and complete intapplication or in connection with the or expulsion from the School of Nabide by all the rules, regulations, of admission or as they may be chof good standing, if such should o	the restrictions and guidelines of this application fromation. I understand and agree that if I furnish his application, that this may result in my admissionsing or any other school or college of Emory Ur practices, and policies of Emory University and the transped during my continuance as a student. I also ccur. By signing below, I authorize and consent tool of Nursing in connection with my application, it is pertaining to me.	n incorrect or incon being denied niversity. I furthe the School of Nusco agree to keep to the release by	omplete information on this or revoked or in my suspension or agree that if I am accepted I will ursing as they may be at the time of your office informed of any loss of all schools I have attended of all				
These include but are not limited traffic and safety fines or assessm	e School of Nursing, I accept responsibility for pa o the expenses for tuition, room, meal plan, activ lents, health service fees, late registration fees, a g in the collection of unpaid balances.	rity and recreation	nal fees, library charges, campus				
Required Applicant's Signature _		Date					
Return directly to: Office of Enrollment and Student A Emory University Nell Hodgson Woodruff School of 1520 Clifton Road NE Atlanta, Georgia 30322 800-222-3879 or 404-727-7980 404-727-8509 fax							

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