



Graduate Student Acceptance Form

I hereby confirm my acceptance and intent to register and enroll in the incoming class for **(Spring 2013)**. Attached is my check or money order made out to LSUHSC in the amount of \$100.00. If not received your admission and registration will be forfeited. Acceptance fee will be applied as a credit to your tuition fee bill. **Credit cards and cash are not accepted.**

I agree to contact the LSUHSC –SON Office of Student Affairs (OSA) if circumstances arise that prevents me from registering for the **(Spring 2013)**. You can email the OSA at nsstuaaffairs@lsuhsc.edu or send a letter to the address below.

Print Name _____ EMPLID # (on letter of admission) _____

Sign Name _____ Date _____

Please indicate Graduate Program to which you have been accepted to:

Master of Science in Nursing (MSN)

_____ Nurse Educator

Master of Nursing (MN)

_____ Nursing Administration

_____ Neonatal Nurse Practitioner (NNP)

_____ Primary Care Family Nurse Practitioner (PCFNP)

_____ Clinical Nurse Specialist - Adult Health Nursing

_____ Clinical Nurse Specialist Advanced Public Health-Community Health Nursing

_____ Clinical Nurse Specialist Psychiatric-Community Mental Health

_____ RN to MN

Doctor of Nursing Practice (DNP) Post-Masters

_____ Nurse Anesthetist

_____ Nurse Practitioner

_____ Clinical Nurse Specialist

_____ Nursing Administration

_____ Community Health Nursing

_____ Other, Specify your master degree
area:

Doctoral Program

_____ Doctor of Nursing Science (DNS)

Mail completed form and acceptance fee to:

LSUHSC – School of Nursing
Office of Student Affairs
Room 3B3
1900 Gravier Street
New Orleans, LA 70112

If you have any questions or need further information, please contact the Office of Student Affairs, either Ms. Linda Cornelius at 504-568-4197 or Ms. Bridgett Dukes at 504-568-4113.