

**LSU Health Sciences Center  
School of Nursing  
Acceptance Form Spring 2010**

**Dear Office of Student Affairs:**

**I hereby confirm my acceptance and intent to register for the incoming class for the Spring 2010 semester. Please attach a check, cashier's check or money order for \$50.00 made payable to LSUHSC, to secure your place. Credit cards are not accepted.**

**I agree to contact the School of Nursing, Office of Student Affairs if circumstances arise that prevent me from registering for the spring 2010 semester. (Email:[nsstuaffairs@lsuhsc.edu](mailto:nsstuaffairs@lsuhsc.edu) or send a letter to the address below)**

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PRINT NAME

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SIGN NAME & DATE

*Please return this completed form in addition to a \$50.00 acceptance fee which must be received 7 days from the date on your admission letter or your admission will be forfeited. This fee will be applied as a credit to your spring 2010 fee bill.*

**Please indicate which graduate program you have been accepted to:**

**Acceptance for \_\_\_\_ NP Nurse Practitioner / Primary / Neonatal (circle one)**

**Acceptance for \_\_\_\_ Nurse Administration**

**Acceptance for \_\_\_\_ Clinical Nurse Specialist (Adult Health, Psychiatric/Community and  
Public Health/Community Health)**

**Acceptance for \_\_\_\_ Nurse Educator**

**Acceptance for \_\_\_\_ Nurse Anesthesia**

**Acceptance for \_\_\_\_ Non-Degree Student Graduate**

**Mail to:**

*LSU Health Sciences Center  
School of Nursing  
Office of Student Affairs  
1900 Gravier Street  
New Orleans, LA 70112*