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 nsstuaffairs@lsuhsc.edu or send a letter to the address below.

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<th>Print Name</th>
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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.