



Supplemental Fee Payment Form

Thank you for applying for LSU Health New Orleans (LSUHNO) School of Nursing! A required \$100.00 supplemental application fee is required at the time of application submittal. Please send in this form with a check or money order made out to LSUHNO School of Nursing in the amount of \$100.00. If you choose to hand deliver, the Office of Student Affairs' office hours are 8:30 a.m. – 5:00 p.m. The admission and registration process will not proceed until we receive this supplemental fee. Credit cards and cash are not accepted. Please mail to:

LSUHSC School of Nursing
ATTN: Office of Student Affairs
1900 Gravier Street, Room 321
New Orleans, LA 70112

We look forward to working with you through the application process. If you need assistance, please email the Office of Student Affairs at nsstuaffairs@lsuhsc.edu.

Indicate the Graduate Program you have been applied for:

Master of Science in Nursing (MSN)

- Nurse Educator
- Clinical Nurse Leader

Doctor of Nursing Practice (DNP)

- | | |
|--|--|
| <input type="checkbox"/> Adult Gerontology Clinical Nurse Specialist | <input type="checkbox"/> Post-Master AGCNS |
| <input type="checkbox"/> Executive Nurse Leader | <input type="checkbox"/> Post-Master ENL |
| <input type="checkbox"/> Public/Community Health Nursing | <input type="checkbox"/> Post-Master PCHN |
| <input type="checkbox"/> Nurse Anesthesia | <input type="checkbox"/> Post-Master NA |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Post-Master NP |
| <input type="checkbox"/> Adult Gerontology Acute Care Nurse Practitioner | |
| <input type="checkbox"/> Adult Gerontology Primary Care Nurse Practitioner | |
| <input type="checkbox"/> Mental Health Nurse Practitioner | |
| <input type="checkbox"/> Neonatal Nurse Practitioner | |
| <input type="checkbox"/> Primary Care Family Nurse Practitioner | |

Doctoral Program

- Doctor of Philosophy (PhD) in Nursing

Print Name _____ NursingCAS # _____

Signature _____ Date _____