

Supplemental Fee Payment Form

Thank you for applying for the Louisiana State University Health New Orleans - 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 LSU 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 <u>nsstuaffairs@lsuhsc.edu</u>.

Please indicate the Graduate Program you have applied for:

Master of Science in Nursing (MSN)

_____ Nurse Educator Clinical Nurse Leader

Doctor of Nursing Practice (DNP)

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Adult Gerontology Acute Clinical Nurse Practitioner	Post-Master AGACNP
Adult Gerontology Clinical Nurse Specialist	Post-Master AGCNS
Adult Gerontology Primary Clinical Nurse Practitioner	Post-Master AGPCNP
Executive Nurse Leader	Post-Master ENL
Nurse Anesthesia	Post-Master NA
Neonatal Nurse Practitioner	Post-Master NNP
Primary Care Family Nurse Practitioner	Post-Master PCFNP
Public/Community Health Nursing	Post-Master PCHN

Doctoral Program

_____ Doctor of Nursing Science (DNS)

Print Name

NursingCAS Application #