

Graduate School Application for Admission

Personal Information (Give your full legal name. If you enter this University, you are to register by this name and no other, unless your name is changed legally.)

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Bro. <input type="checkbox"/> Fr. <input type="checkbox"/> Sr. Other (specify) _____					
Last Name		First Name		Middle Name	Other Name(s)
Current Street Address		Apt. #	City	State/Province	Zip/Postal Code Country
Permanent Address (if different)		Apt. #	City	State/Province	Zip/Postal Code Country
Home Phone (_____) _____		Business or Cell Phone (_____) _____		Email Address _____	
Place of birth (state/province & country)		Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other:		Visa/Resident Alien Classification:	Social Security Number
Have you been dismissed from a college for academic or disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been convicted of a felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Information (Please check the degree program for which you are applying.)

<p>GRADUATE SCHOOL</p> <input type="checkbox"/> Atmospheric Sciences (M.S.) <input type="checkbox"/> Biomedical Sciences (M.S.) <input type="checkbox"/> Biomedical Sciences (Ph.D.) <input type="checkbox"/> Christian Spirituality (M.A.) <input type="checkbox"/> Spiritual Direction/Directed Retreats (Cert.) <input type="checkbox"/> Clinical Anatomy (M.S.) <input type="checkbox"/> Counselor Education (M.S.) <input type="checkbox"/> Education (M.Ed.) <input type="checkbox"/> Magis Catholic Teacher Corps (M.Ed.) <input type="checkbox"/> Magis Catholic Teacher Corps (M.S. Sec Ed) <input type="checkbox"/> Education Leadership (M.S.) <input type="checkbox"/> Special Populations in Education (M.S.) <input type="checkbox"/> English (M.A.) <input type="checkbox"/> Health Services Administration (Cert.) <input type="checkbox"/> International Relations (M.A., Cert.) <input type="checkbox"/> International Relations/Juris Doctor (M.A.-I.N.R./J.D.)	<input type="checkbox"/> Liberal Studies (M.A.) <input type="checkbox"/> Medical Microbiology (M.S.) <input type="checkbox"/> Medical Microbiology (Ph.D.) <input type="checkbox"/> Ministry (M.A.) <input type="checkbox"/> Negotiation & Dispute Resolution (M.S., Cert.) <input type="checkbox"/> Nursing (M.S.) <input type="checkbox"/> Clinical Nurse Leader <input type="checkbox"/> Clinical Nurse Specialist <input type="checkbox"/> Adult* <input type="checkbox"/> Neonatal <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Adult Acute Care* <input type="checkbox"/> Adult Primary Care <input type="checkbox"/> Family <input type="checkbox"/> Neonatal <input type="checkbox"/> Nursing (Post-master's Certificate)* <i>*Note: Additional subspecialties are offered; please contact the School of Nursing for details</i>	<input type="checkbox"/> Pharmaceutical Sciences (M.S.) <input type="checkbox"/> Pharmacology (Ph.D.) <input type="checkbox"/> Physics (M.S.) <input type="checkbox"/> Spiritual Formation (Cert.) <input type="checkbox"/> Theology (M.A.) <input type="checkbox"/> Doctor of Pharmacy / Pharmaceutical Sciences (PharmD/M.P.S.) <p>GRADUATE BUSINESS PROGRAMS</p> <input type="checkbox"/> Business Administration (M.B.A.) <input type="checkbox"/> Business Administration / Security Analysis and Portfolio Management (M.B.A./M.S.A.P.M.) <input type="checkbox"/> Business Administration / Information Technology Management (M.B.A./M.S.-I.T.M.) <input type="checkbox"/> Information Technology Management (M.S.-I.T.M.) <input type="checkbox"/> Security Analysis and Portfolio Management (M.S.A.P.M.)
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If the proposed graduate work is to satisfy requirements for a teacher's or administrator's certificate name the state and give the title of the certificate: _____ Initial Renewal

If you are applying for a joint program (MA-INR/JD, MBA/INR, MBA/JD, MBA/MSNDR, MBA/PharmD, MS-ITM/JD, or PharmD/MPS), have you been accepted to the other program yet? Yes No Application in progress

Please check the term for which you are applying and state the year you plan to enroll. <input type="checkbox"/> Fall _____(Year) <input type="checkbox"/> Spring _____(Year) <input type="checkbox"/> Summer _____(Year)	I plan to study on a <input type="checkbox"/> Full-time basis (8 hours or more) <input type="checkbox"/> Part-time basis (7 hours or less)	Tests taken <input type="checkbox"/> GMAT Date most recent test taken/ will be taken _____ Score _____ <input type="checkbox"/> GRE Date most recent test taken/ will be taken _____ Score _____ <input type="checkbox"/> TOEFL Date most recent test taken/ will be taken _____ Score _____
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Education History (Please list all institutions of higher education that you have attended starting with most recent. Include all schools regardless of whether a degree was earned. Attach an additional sheet, if necessary.)

Colleges & Professional or Graduate Schools	Location	Degree & Major	Dates Attended From / To

University Relationship

Please list any family members who attended or graduated from Creighton University			
Name	Relationship	Dates Attended	Degree

Source

How did you first learn about our graduate program?	<input type="checkbox"/> Internet Search engine _____
<input type="checkbox"/> Career Fair _____	<input type="checkbox"/> Newspaper Ad _____
<input type="checkbox"/> Creighton University Alumnus/employee _____	<input type="checkbox"/> Radio Ad _____
<input type="checkbox"/> Creighton University website	<input type="checkbox"/> Yellow Pages _____
<input type="checkbox"/> Family member _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Friend / co-worker _____	
<input type="checkbox"/> Information session	

Optional Information *(will be used for statistical purposes only)*

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth [] Month [] Day [] Year	Emergency Contact Name / Relationship _____
Ethnic/Racial Origin: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian American/Pacific Islander		<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Non-resident Alien
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic American		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Choose Not To Respond
Daytime Phone Number () _____		

Admission Documents

Listed below is each item required to complete your application. To ensure prompt and accurate processing of your application, *please check each item you are enclosing* with the application at this time.

All applicants must submit:

- Application form
- Application fee (\$50.00)
- 1) Recommendation form (Graduate Business Programs require two letters of recommendation. Graduate School requires three letters of recommendation. The M.S. Nursing program requires that one reference be from a nursing employer or clinical nurse supervisor.)
- 2) Recommendation form
- 3) Recommendation form
- Official college/university transcript from each school attended

Additional admission documents required

- Personal statement/Statement of Purpose (Applicants to programs in Business Administration; Counseling; English; Medical Microbiology; Negotiation and Dispute Resolution; and Pharmacology should attach a 250-500 word statement of purpose. Applicants to programs in Nursing should submit a 500-1000 word statement.)
- Writing sample (Applicants to the Education Leadership and Master of Education programs should submit two writing samples. Applicants to the Magis program should submit three essays. Applicants to the English program should provide a 10-15 page writing sample.)
- Resume (Business Administration; Counseling; Negotiation and Dispute Resolution, and Nursing applicants only)
- Official GMAT score report (Graduate Business Programs)
- Official GRE score report
- Official LSAT score report (Negotiation and Dispute Resolution)
- Felony Conviction/Statement of Mental Capacity Form (Education and Counseling applicants only)
- Professional Licensure as a Registered Nurse (Nursing)
- Official Pre-Professional Skills Test (PPST) scores (Education applicants only)

International applicants must also submit:

- Official English translation of transcripts
- Official TOEFL score report
- Certification of Available Finances form

Submit Graduate School application materials to: Graduate School Administration Building, Room 235 Creighton University 2500 California Plaza Omaha, NE 68178	Submit Graduate Business Programs application materials to: Graduate Business Programs College of Business Administration, Room 212 Creighton University 2500 California Plaza Omaha, NE 68178
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I certify that all information contained on this application and accompanying documents is accurate and complete and acknowledge that any omission or inaccurate information could jeopardize my standing with Creighton University. If admitted, I agree to abide by all policies and regulations of Creighton University.

Full Legal Signature _____ Date _____

Creighton University Nondiscrimination Policy

Creighton University admits qualified students and hires qualified employees without regard to race, color, age, national or ethnic origin, disability, sex, marital status or religion. Its education and employment policies, scholarship and loan program, and other programs and activities, are administered without unlawful discrimination. The University Affirmative Action Director has been delegated the responsibility for coordination of the University's equal rights efforts.