

Nurse Traineeship Request Form

By MAY 1st of the upcoming academic year.

Complete and email, mail or deliver to: jschnack@creighton.edu

Jan Schnack, MS in Nursing Program, HS 218,
School of Nursing, Creighton University, Omaha NE 68178

Name:

Social Security Number:

Address: (include city, state, zip)

Telephone numbers: (home) (work)

Employer and hours:

School of Nursing advisor:

I am fully accepted, not on probation, and agree to enroll as a full time student (8 sm. hrs. or more for each of two consecutive semesters) in the upcoming academic year. I have listed below the courses in my plan of study for each of the two full time semesters for which I am applying:

Signature and date

Term I

Term II

Are you applying for other forms of aid that may duplicate tuition remission: if so please specify the amount and type of support expected.

Do you have a Financial Aid form on file: If not, please do so by July 1st.