

**Special Studies:
Application for Admission**



Section A: Personal Information

1. Full Legal Name	
2. Current Address	
3. Permanent Address	
4. Telephone Number (Area Code)	Fax Number
5. E-mail address	
6a. Citizenship, Citizen of (Country) Visa Type (e.g., J-1, F-1, B-2, or LPR for Perm. Resident)	
6b. Place and Date of Birth Birth Place (City, State, Country) Birth Date (mm/dd/yyyy)	
7. Social security number (if applicable)	
8. Are you licensed as a registered nurse (RN)? State or Country	
9. If you have applied to the UCSF School of Nursing before, indicate: When? Under what name?	
10. When do you want to study? If you will be studying for at least one quarter, please adhere to the academic calendar for the intended study period. Beginning date Ending date	
11. Health insurance is required of all students. Indicate whether you will be covered by: <input type="checkbox"/> UCSF Student Health insurance, <i>or</i> <input type="checkbox"/> Other health insurance coverage	
12. The <i>Test of English as a Foreign Language</i> (http://www.toefl.org) is required for those applicants who are not native speakers of English. Please provide the test date and official score. TOEFL date TOEFL score	

Section B: Educational Record

List - in chronological order - all schools or colleges attended since high school.

Name of School	Location
Dates of Attendance	Beginning Ending
College degree (major), diploma, or certificate	Date Awarded
Name of School	Location
Dates of Attendance	Beginning Ending
College degree (major), diploma, or certificate	Date Awarded
Name of School	Location
Dates of Attendance	Beginning Ending
College degree (major), diploma, or certificate	Date Awarded
Name of School	Location
Dates of Attendance	Beginning Ending
College degree (major), diploma, or certificate	Date Awarded

(Form continues on following page.)

Section C: Nursing Experience <i>List each position chronologically, beginning with the most recent.</i>	
Dates	
Agency	Location
Position	Clinical Area
Dates	
Agency	Location
Position	Clinical Area
Dates	
Agency	Location
Position	Clinical Area
Dates	
Agency	Location
Position	Clinical Area

Section D: Proposed Study Plan	
1. Briefly describe why you are applying to the Special Studies program and indicate what specific educational or professional goals you hope to attain upon completion of study.	
2. Identify the courses you want to take.	
3. Identify clinical or field observations you desire.	
4. Identify any other information that would help in planning your program.	
5. Do you anticipate any time in patient contact or observations in patient care areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Signature of Applicant</i>	<i>Date</i>

**Post-Doctoral Special Studies:
Application for Admission**



Section A: Personal Information

1. Full Legal Name
2. Home Address
2a. Home Telephone Number (Area Code) Fax Number
3. Office Address
3a. Office Telephone Number (Area Code) Fax Number
4. Present Position (Title)
5. E-mail address
6a. Citizenship, Citizen of (Country) Visa Type (e.g., J-1, F-1, B-2, or LPR for Perm. Resident)
6b. Place and Date of Birth Birth Place (City, State, Country) Birth Date (mm/dd/yyyy)
7. Social security number (if applicable)
8. Are you licensed as a registered nurse (RN)? State or Country
9. If you have applied to the UCSF School of Nursing before, indicate: When? Under what name?
10. When do you want to study? If you will be studying for at least one quarter, please adhere to the academic calendar for the intended study period. Beginning date Ending date
11. Health insurance is required of all students. Indicate whether you will be covered by: <input type="checkbox"/> UCSF Student Health insurance, or <input type="checkbox"/> Other health insurance coverage
12. The <i>Test of English as a Foreign Language</i> (http://www.toefl.org) is required for those applicants who are not native speakers of English. Please provide the test date and official score. TOEFL date TOEFL score

(Form continues on following page.)

**Special Studies:
Confidential Financial Statement for
International Applicants**



Sections A and E (below) are required.

Section A: General Information			
Name			
Address			
Date of Birth		Place of Birth	
If you will be accompanied by your spouse or your children, please indicate:			
Name	Relationship	Birthdate	Birthplace
Name	Relationship	Birthdate	Birthplace
Name	Relationship	Birthdate	Birthplace
If your government limits the amount of money that can be taken out of the country, please explain.			
How much money in U.S. dollars (US\$) will you have upon arrival at the University of California, San Francisco?			
How much money will you be receiving?			
How often will you receive these funds? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			

Complete only the section B, C, or D as appropriate for your source(s) of funds.

Section B: Personal Savings
Total amount of personal savings available for study (USD \$):
Bank Certification: "This is to certify that the savings information furnished by the applicant is true and accurate."
Name of bank official
Signature of bank official
Date
Title
Bank
Address
<i>(Affix official seal if appropriate.)</i>

(Form continues on following page.)

Special Studies Confidential Financial Statement
Section C: Sponsor (*Government, Foundation, University*)

Name of sponsor <i>(Award Letter must be attached)</i>
Address
Number of years
Amount awarded annually
Name of certifying official
Signature of certifying official
Date
Title

Section D: Sponsor (*Private*)

Sponsor Certification: "This is to certify that I guarantee to provide USD \$_____ per month for _____ months to support the applicant's study at the University of California, San Francisco."
Name of sponsor
Signature of sponsor
Date
Relationship
Address
Bank Certification: "This is to certify that, to the best of my knowledge, the sponsor named above is financially capable of meeting the stated commitment."
Name of bank official
Signature of bank official
Date
Title
Address

Section E (below) is required.

Section E: Applicant Certification

"This is to certify that the information furnished on this form is true and complete to the best of my knowledge. I further understand that cancellation of my admission privileges may result if any information is found to be incomplete or inaccurate."	
<i>Signature of Applicant</i>	<i>Date</i>