



Sacred Heart UNIVERSITY

COLLEGE OF NURSING

Advanced Graduate Certificate Application

Instructions: Please enclose a \$25.00 non-refundable application fee. In order to register as a non-matriculated student, you must obtain approval from the Director of the MSN Program. If you have any questions about this procedure, please contact Elizabeth Potenza potenzae@sacredheart.edu or 203-416-3937.

_____ **Nursing Education**

_____ **Nursing Management & Executive Leadership**

Include a copy of a current state RN license.

Name: _____ Social Security Number: _____

Date of Birth: _____

Ethnicity: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

E-Mail Address: _____

Employer: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Business Phone: _____

Term: (check one) Fall _____ Spring _____ Summer _____
Year 20 _____

How did you hear about this program? _____

I understand that registration as a non-matriculated student does not guarantee admission to the University. I further understand that it is my responsibility to fully complete the admissions process if I wish to continue course work beyond this Certificate Program.

Student's Signature: _____ Date: _____