College of Nursing

APPLICATION 2013–2014

THE GRADUATE PROGRAMS
OF SEATTLE UNIVERSITY

Application Instructions and Procedures

Thank you for applying to Seattle University. This packet contains copies of the required admission documents for the graduate programs of the College of Nursing.

All application materials must be received by the application deadline to receive full consideration. Priority deadlines are indicated below. Later RN applicants will be considered on a space available basis. *International applicants should consult the additional information on page 3, including deadlines, as they might be earlier.*

The following documents should be sent directly to Graduate Admissions using address noted at the top of the application form:

- Complete graduate application form and a $55 non-refundable application fee. The fee is waived for Seattle University alumni and employees.
- Submit an official, degree-posted transcript from the last 90 quarter/60 semester credits of your bachelor's degree, including any transfer institution credit earned during this time period. Official transcripts from any post-baccalaureate institutions will also be required. Exceptions to the policy are noted with the degree requirements.
- Evidence of the minimum of an earned four-year baccalaureate degree in nursing from an accredited institution or the equivalent. Candidates may also have an associate degree in nursing with a bachelor's degree in another discipline for MSN applicants. DNP applicants must show evidence of an MSN from an accredited program. Applicants to the Advanced Practice Nursing Immersion program must have a recognized baccalaureate degree.
- Students for whom English is a non-native language must demonstrate English proficiency regardless of English language studies, residence in the United States or an English-speaking country, or immigration status. Graduate applicants with a baccalaureate or higher degrees from recognized colleges in the U.S., Canada, Great Britain, Ireland, New Zealand or Australia and who have continued to reside in countries where English is the primary language for at least two years prior to applying to Seattle University will have this requirement waived. English proficiency may be met with an official TOEFL score of 92 (IBT), or 580 (PBT); the IELTS exam with a minimum score of 7.0; PTE score of 62 or an institutional MELAB result of at least 83%.

Refer to the documents required by your program on the next page of this application packet.

Priority Application Deadlines for Terms of Entry 2013-2014	*Summer*	*Fall*
Post-MSN Doctor of Nursing Practice		May 1
Advanced Practice Immersion	December 1	
MSN for Professional Nurses		December 1

College of Nursing

Be sure your name is on all supporting documents submitted for review.

Required application information for post-Master's DNP program:

1) Official transcripts from all accredited institutions where graduate-level courses were taken reflecting an earned master's degree in nursing or other health related field with a graduate GPA of at least 3.25
2) Current unencumbered RN license. If applicant is a nurse practitioner, he/she must also have current, unencumbered ARNP license
3) Doctor of Nursing Practice Supplemental Application form: Credit granted for up to 500 post-baccalaureate supervised academic clinical hours contributing to 1000 total supervised clinical hours required for graduation from DNP program. Transcripts individually evaluated for qualifying practice hours acquired in previous academic programs. Individual plans for completion of 1000 required practice developed with each admitted applicant
4) Two recommendations (at least one from academic source) who can speak to applicant's potential for success in doctoral-level advanced practice nursing program
5) Letter of interest and resume/curriculum vita demonstrating academic ability, potential for leadership and clinical scholarship, and fit with Seattle University and College of Nursing mission and values
6) English proficiency requirement for non-native speakers as noted on first page
7) Select applicants invited to interview with faculty. Writing sample will be collected as part of the interview process.

Required application information required for all MSN programs:

1) Official transcripts from all post-secondary institutions attended reflecting a bachelor's degree in nursing or an associate degree in nursing with a baccalaureate degree in a different major. A 5 quarter credit or equivalent statistics course is a program prerequisite. APNI applicants submit appropriate transcripts and documentation.
2) Cumulative GPA of at least 3.00 in the last 90 quarter/60 semester credits
3) Recent Graduate Record Exam (GRE) sent directly from the testing agency is required for all applicants except those holding a U.S. graduate degree from an accredited institution, including medicine and law
4) Professional résumé. Two years of work experience is preferred
5) Two recommendations, one should be academic, addressing applicant's abilities using SU College of Nursing Recommendation Forms provided
6) Letter of intent describing professional and personal goals including reasons for choosing MSN and particular specialty, as well as fit with mission and values
7) English proficiency requirement for non-native English speakers as noted on page 1
8) (Advanced Practice Nursing Immersion Program only) Complete Prerequisites Form indicating plan for required courses listed on the back of the form. Applicants with 4 or more completed prerequisites with a grade of 'B' or better at the time of application are more competitive. Please note time-frame requirements for prerequisites. Official transcripts required for all pre-requisite coursework.
9) Copy of current RN license or ability to obtain an RN license in WA state if from another state (for RN applicants only)
10) Interview with program director or other Admission Committee member if requested

Required application information for post-master certificate programs:

1) Official transcripts from all post-secondary institutions attended reflecting a master's degree in nursing from an accredited institution
2) Professional résumé
3) Interview with program director or other Admission Committee member
4) Written statement describing professional and personal goals and reasons for interest in the post-master's certificate program
5) Two recommendations that speak to applicant's clinical and academic abilities using SU College of Nursing Recommendation Forms provided
6) Evidence of current RN Licensure in Washington State with no practice restrictions. You can print from Nursing Care Quality Assurance Commission on the Washington State Department of Health website.

International Applicants

To allow for application processing, overseas mailings, and visa processing, international applicants living overseas should submit an application six to nine months prior to the quarter they wish to enroll or the program deadline, whichever is earlier. Students who submit complete applications before the following dates will receive priority consideration:

Summer Quarter	December 1
Fall Quarter	November 1 for DNP
	December 1 for MSN for Professional Nurses

A evaluation requiring official transcripts is required from all applicants who attended or completed their bachelor's and /or master's degree at an institution outside of the United States. The evaluation is not an English translation of the mark sheets, but a separate document completed by an evaluation service which shows that the degree received outside the US is equivalent to a US degree and a GPA is calculated. Seattle University only accepts evaluations from the following agencies: 1) Educational Credential Evaluators (ECE) – We require the Course by Course Evaluation with Grade Average. More information on the transcript evaluation process and the evaluation application can be found at www.ece.org or 2) Educational Perspectives (EP) – We require the Detailed/Course by Course report. Directions and additional information specific to Seattle University can be found at http://www.edperspective.org/seattleu/

Transcripts

In addition to the transcript evaluation, applicants must also submit to Seattle University Graduate Admissions one set of official transcripts, mark sheets, and degree certificates for all institutions attended in the last two full years of coursework in both original language and in English.

**** Documents must be received in an unopened envelope sealed by the institution to be considered official. Photocopies, scanned copies, and faxes are not accepted as official documents.*

Declaration of Finance

International applicants seeking an F-1 student visa must also submit the Declaration of Finances form available with this application packet before I-20 documents can be issued.

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Application for Graduate Admission

Mail application materials to:
Graduate Admission Office, Seattle University, 901 12th Avenue, P.O. Box 222000, Seattle, WA 98122-1090
Telephone: (206) 220-8010, Toll-free: (800) 426-7123, E-mail: grad-admissions@seattleu.edu, Web: www.seattleu.edu

PLEASE TYPE OR PRINT **Non-refundable $55 application fee**

Select one degree goal (as offered by your program of interest)

- ☐ Master
- ☐ Post-Master's Certificate
- ☐ Educational Specialist
- ☐ JD/Joint Degree w/Law
- ☐ Doctorate
- ☐ Endorsement Only
- ☐ Professional/Graduate Certificate

Enter the three or four letter program code as indicated on reverse side. ☐ – ☐ – ☐ – ☐

When do you wish to enroll?

☐ Fall (September) 20____ ☐ Winter (January) 20____
☐ Spring (March) 20____ ☐ Summer (June) 20____
☐ Summer Intersession (August) 20____

If previously enrolled through Seattle University, list last quarter/year of enrollment: Quarter_____ Year_____

Personal Information (Legal Name)

Last Name | First Name | Middle Name | Former Name

Mailing Address | Country

City/State | Zip Code | Cell Phone ( ) | Day Phone ( )

Home Address (if different) | Country

City/State | Zip Code

Preferred E-mail Address | Work E-mail Address (if different)

Social Security Number (Required for all financial aid consideration) | Date of Birth

Are you a citizen of the United States? ☐ Yes ☐ No, my status is: ☐ International ☐ Permanent Resident ☐ Other

Type of Visa while enrolled | Country of Citizenship | City/Country of birth

Is English your native language? ☐ Yes ☐ No An English proficiency test will be required of all applicants whose native language is not English.

Entrance Tests:

Test	Test Date	Date sent to SU
☐ GMAT		
☐ GRE		
☐ MAT		
☐ WEST-E		
☐ WEST-B		
☐ Writing Sample		
☐ English Proficiency (TOEFL, IELTS, MELAB or PTE)		

Have you ever been convicted of a felony or a gross misdemeanor?
☐ Yes ☐ No
(A conviction will not necessarily bar admission but will require additional documentation prior to a decision)

Have you ever been placed on probation, suspended from, dismissed from or otherwise sanctioned by (for any period of time) any higher educational institution?
☐ Yes ☐ No
If yes, attach a statement explaining each circumstance and specify which term(s) and college(s).

Education History (Attach extra sheet, if necessary.)

List *all* colleges attended (including Seattle University) starting with most recent. See instructions for required transcripts.

Institution	City	State	Dates Attended	Degree Earned	Date Received	Major

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OPTIONAL INFORMATION

Are you of Hispanic/Latino Origin? ❒ Yes ❒ No

If Yes, please specify:

❒ Central American ❒ Hispanic ❒ Puerto Rican ❒ Spanish
❒ Chicano/a ❒ Latino/a ❒ South American
❒ Cuban ❒ Mexican ❒ Hispanic Other _____

Race: Please mark all that apply:

American Indian
❒ Native Alaskan ❒ Native American ❒ Native Other _____

Asian
❒ Asian American ❒ Indian ❒ Korean ❒ Vietnamese
❒ Chinese ❒ Indonesia ❒ Pakistani
❒ Filipino/a ❒ Japanese ❒ Asian Other _____

Black/African American
❒ African ❒ Black ❒ Caribbean ❒ West Indian
❒ African American ❒ Black Other _____

Native Hawaiian/ Pacific Islander
❒ Guamanian/Chamorro ❒ Native Hawaiian
❒ Samoan ❒ Pacific Islander Other _____

White/Middle Eastern
❒ White ❒ Caucasian/European ❒ Russian/Eastern European
❒ Arab ❒ Israeli ❒ Middle Eastern Other _____
❒ Middle Eastern ❒ White Other _____

Religious Preference _____

Gender
❒ Male ❒ Female

Will you be applying for financial aid?
❒ Yes ❒ No

Do you have employer tuition assistance?
❒ Yes ❒ No

Would you like information on services available to those with physical or learning needs?
❒ Yes ❒ No

Please tell us your veteran status
❒ No relationship, not a veteran ❒ Currently serving
❒ Previously served ❒ Current dependent

Branch: ❒ Air Force ❒ Army ❒ Coast Guard
❒ Marine Corps ❒ Navy

Current status: ❒ Active Duty Military ❒ Veteran of U.S. Armed Forces ❒ U.S. Reserves or National Guard

Are you also applying to other programs?
❒ Yes ❒ No
If Yes, Institution Name(s) and Program _____
_____

Employment History (Please complete even if résumé is attached)

Current Employer/Organization | Employer Phone

Employer Address | City | State | Zip

Job Title | Dates Employed (Mo/Yr to Mo/Yr) | ❒ Part-time ❒ Full-time

Previous Employer/Organization | Employer Phone

Address | City | State | Zip

Job Title | Dates Employed (Mo/Yr to Mo/Yr) | ❒ Part-time ❒ Full-time

University Relationship

Do you have any family members who attended or graduated from Seattle University? ❒ Yes ❒ No If yes, please list below.

Name	Relationship	Date Attended (Mo/Yr to Mo/Yr)	Graduation Year

How did you first hear about our graduate programs? ❒ Friend/co-worker ❒ Campus Event ❒ Employer Event ❒ Graduate School Fair
❒ Radio Advertisement ❒ Print Advertisement ❒ Web Advertisement ❒ Seattle U Web site
❒ Graduate Schools Search site _____

Seattle University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, political ideology or status as a Vietnam-era or special disabled veteran in the administration of any of its education policies, admission policies, scholarship and loan programs, athletics, and other school-administered policies and programs, or in its employment related policies and practices. All University policies, practices and procedures are administered in a manner consistent with Seattle University's Catholic and Jesuit identity and character. Inquiries relating to these policies may be referred to the University's Vice President for Human Resources and University Services and Equal Opportunity Officer at (206) 296-5870.

I certify that the information contained in this application is true and correct. I understand that misrepresentation or omission of information, such as failure to list all schools, colleges or universities attended, may result in the denial of this application, or subsequent dismissal from the university and loss of credit.

Full Legal Signature | Printed Name | Date

Programs

NURSING

Primary Care Nurse Practitioner Specializations:
- Family Primary Care **PCNF**
- Adult/Gerontological Nurse Practitioner **GNP**
- Nurse Midwifery **PMFY**
- Psychiatric Mental Health with Addictions Focus **PCNA**
- Community Health **PCOM**

Advanced Practice Nursing Immersion Specializations:
- Family Nurse Practitioner **APNF**
- Adult/Gerontological Nurse Practitioner **AGNP**
- Nurse Midwifery **AMFY**
- Psychiatric Mental Health with Addictions Focus **APNP**
- Community Health **ACOM**

Doctor of Nursing Practice **DNP**

Post-Master's Certificate in Primary Care Nurse Practitioner:
- Family Nurse Practitioner **PCNP**
- Adult/Gerontological Nurse Practitioner **PCNG**
- Psychiatric Mental Health with Addictions focus **CPNR**
- Nurse Midwifery **CPNW**

College of Nursing

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Recommendation Form for Graduate Studies

This section to be completed by the applicant (please print)

Please give this form to the person writing the recommendation. Ask the writer to return the completed form to you in a sealed envelope. Using the envelope provided with the application packet is optional. Breaking the seal will render this recommendation not confidential.

Name of applicant ..... Month and date of birth (MM/DD)

Name and title of recommender ..... Intended Degree

Relationship of recommender to applicant ..... From ..... To

Please recognize the confidential nature of this document. In accordance with the Family Educational Rights and Privacy Act (FERPA), after you matriculate, you will have access to this form unless (1) you waive your right to access; OR (2) your program routinely destroys recommendations after matriculation. ***Choose one option:***

❒ I waive my right to access to this recommendation and understand that I will never be able to see this recommendation.

❒ I want to have access to this recommendation if I am admitted and matriculated, but I understand it may not be available if my program routinely destroys recommendations after matriculation.

Part B – This section to be completed by the recommender

The applicant is seeking admission to the graduate nursing program. To assess the appropriateness of our program for this person, we would appreciate your candid opinion regarding the qualifications listed below. If there is any item for which you have little or no evidence, please indicate. Also, if you wish to supplement the recommendation form with additional comments, attach an extra page. However, completion of this form is required.

Name of recommender ..... Title ..... Phone

Institution ..... Email Address

Address ..... City, State, Zip

1. Please indicate your evaluation of the applicant by checking the appropriate rating.

	Outstanding	Above Average	Average	Below Average	No Chance to Observe
Initiative and Responsibility	☐	☐	☐	☐	☐
Leadership Qualities	☐	☐	☐	☐	☐
Interpersonal Skills	☐	☐	☐	☐	☐
Ability to Analyze Problems	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐
Organization and Planning	☐	☐	☐	☐	☐
Written Communication	☐	☐	☐	☐	☐
Oral Communication	☐	☐	☐	☐	☐
Creativity/Risk-Taking	☐	☐	☐	☐	☐
Adaptability	☐	☐	☐	☐	☐

continued on other side

Intellectual Curiosity	☐	☐	☐	☐	☐
Clinical Competence (Omit for APNI applicant.)	☐	☐	☐	☐	☐
Judgment and Common Sense	☐	☐	☐	☐	☐
Ability to See the "Big Picture"	☐	☐	☐	☐	☐
Acceptance of Feedback	☐	☐	☐	☐	☐
Teaching Ability	☐	☐	☐	☐	☐
Potential for Future Contributions to the Nursing Profession	☐	☐	☐	☐	☐
Contributions to the Community	☐	☐	☐	☐	☐

2. What are the applicant's strengths as you see them?

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3. In what areas should this person improve?

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4. Other comments:

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5. Check one:

☐ I strongly recommend the applicant for admission.

☐ I recommend the applicant for admission with some reservation.

☐ I do not recommend the applicant for admission.

.....

Signature of recommender Date

Please photocopy for your records. Return completed form before the deadline to:
Graduate Admission Office, Seattle University,
901 12th Avenue, P.O. Box 222000, Seattle, WA 98122-1090

College of Nursing

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Recommendation Form for Graduate Studies

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Part B – This section to be completed by the recommender

The applicant is seeking admission to the graduate nursing program. To assess the appropriateness of our program for this person, we would appreciate your candid opinion regarding the qualifications listed below. If there is any item for which you have little or no evidence, please indicate. Also, if you wish to supplement the recommendation form with additional comments, attach an extra page. However, completion of this form is required.

Name of recommender ..... Title ..... Phone

Institution ..... Email Address

Address ..... City, State, Zip

1. Please indicate your evaluation of the applicant by checking the appropriate rating.

	Outstanding	Above Average	Average	Below Average	No Chance to Observe
Initiative and Responsibility	☐	☐	☐	☐	☐
Leadership Qualities	☐	☐	☐	☐	☐
Interpersonal Skills	☐	☐	☐	☐	☐
Ability to Analyze Problems	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐
Organization and Planning	☐	☐	☐	☐	☐
Written Communication	☐	☐	☐	☐	☐
Oral Communication	☐	☐	☐	☐	☐
Creativity/Risk-Taking	☐	☐	☐	☐	☐
Adaptability	☐	☐	☐	☐	☐

continued on other side

Intellectual Curiosity	☐	☐	☐	☐	☐
Clinical Competence (Omit for APNI applicant.)	☐	☐	☐	☐	☐
Judgment and Common Sense	☐	☐	☐	☐	☐
Ability to See the "Big Picture"	☐	☐	☐	☐	☐
Acceptance of Feedback	☐	☐	☐	☐	☐
Teaching Ability	☐	☐	☐	☐	☐
Potential for Future Contributions to the Nursing Profession	☐	☐	☐	☐	☐
Contributions to the Community	☐	☐	☐	☐	☐

2. What are the applicant's strengths as you see them?

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3. In what areas should this person improve?

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4. Other comments:

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5. Check one:

☐ I strongly recommend the applicant for admission.

☐ I recommend the applicant for admission with some reservation.

☐ I do not recommend the applicant for admission.

.....

Signature of recommender Date

Please photocopy for your records. Return completed form before the deadline to:
Graduate Admission Office, Seattle University,
901 12th Avenue, P.O. Box 222000, Seattle, WA 98122-1090

Doctor of Nursing Practice

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Supplemental Application Form

For applicants to the Post-Master's Doctor of Nursing Practice program only

Name of applicant

Month and date of birth (MM/DD)

Complete both Part A and B. (Please mark as N/A if not part of your graduate studies.).

Part A — Graduate-level courses in the following:

	Course Number	Course Title	Credit Hours	Institution
Pathophysiology				
Pharmacology				
Advanced Health Assessment				

Part B — Master's clinical courses which reflect supervised clinical hours previously earned

Location	Specialization	Supervised Hours

Seattle University
Graduate Admission Office
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090

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Master of Science in Nursing – Immersion

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Prerequisite Form

INSTRUCTIONS: Complete this form if you are applying for the Advanced Practice Nursing Immersion using the information on the reverse side for details. Traditional MSN applicants do not complete this form.

Last Name | First Name | Middle Name | Birthdate (MM/DD)

Required course or equivalent	Course number/ abbreviated title	# of units (Q = quarter, S = semester)	Term and year completed or planned date of completion	Grade earned or in progress (IP), C grade or higher required	Institution at which course was completed (do not abbreviate)	*Office use only*
Chemistry (1 yr high school or 1 quarter of college)						
College algebra or higher math (MATH 110 or above) 5 quarter credits or equivalent taken within 10 years						
PSYC 120 Introduction to Psychology 5 quarter credits or equivalent taken within 10 years						
BIO 200-210 Anatomy & Physiology w/lab 5 quarter credits or equivalent taken within 5 years						
BIO 220 Microbiology w/lab 5 quarter creditsor equivalent taken within 5 years						
PSYC 322 Growth and Development Across the Lifespan 5 quarter credits or equivalent taken within 10 years						
NURS 346 Common Inferential/ Descriptive Statistics 5 quarter creditsor equivalent taken within5 years						

Advanced Practice Nursing Immersion Prerequisites

Please refer to the course descriptions below when selecting courses to fulfill the prerequisites for the Advanced Practice Nursing Immersion program. Sample course descriptions from the Seattle University Undergraduate Bulletin are also available at http://www.seattleu.edu/home/ learning_teaching/bulletins_of_information/ undergraduate/. One credit on the semester system is generally considered equivalent to 1.5 credits on the quarter system. *Courses must be taken within ten years of your intended quarter of admission unless otherwise indicated.*

MATH 110 Functions & Algebraic Methods (or higher math) (5 quarter credits)
Functions include linear, quadratic, other polynomial, and exponential. Modeling applications and problem solving emphasized. Supporting topics include equations, inequalities, systems of equations, rational expressions, exponents and radicals. Graphing calculator required.

PSYC 120 Introduction to Psychology (5 quarter credits)
General introduction to the modes of inquiry of scientific psychology, including its nature, scope, and method; organic, environmental and personal factors that influence human experience and behavior.

BIO 200 Anatomy & Physiology with lab I (5 quarter credits)
(must be completed within 5 years prior to application)
Major structural and functional systems of the human body. Cells, tissue, bone, muscle, and nervous system. Laboratory emphasis on microscopic and gross anatomy.

BIO 210 Anatomy & Physiology with lab II (5 quarter credits)
(must be completed within 5 years prior to application)
Major structural and functional systems of the human body. Digestive, circulatory, respiratory, endocrine, urinary and reproductive systems. Physiologic interactions among systems. Laboratory emphasis on physiology.

BIO 220 Microbiology with lab (5 quarter credits)
(must be completed within 5 years prior to application)
Introduction to microbiology, emphasizing health-related aspects.

PSYC 322 Growth & Development (5 quarter credits)
Lifespan development from infancy through childhood, adolescence, young adulthood, middle age, old age, and death and dying. Cognitive, personality, social and emotional development. Optional field work placement in settings related to different age periods.

NURS 346 equivalent or higher Statistics (or 5 quarter equivalent credits)
(must be completed within 5 years prior to application)
Introduction to the nature of measures, descriptive statistics, hypothesis-testing techniques, and critical reading of descriptive and inferential statistics. Prerequisite: MATH 110 or above.

CHEM 101 Introductory General Chemistry (5 quarter credits or 1 year of high school chemistry)
(No limit on when course taken) Survey of inorganic chemistry, treating the basic principles and descriptive material relevant to the health sciences. Core lab science course.

SEATTLE UNIVERSITY

*Only required for student/F1 visa applicants

International Student Declaration of Finances

Confidential financial statement of personal or family support.
Please read all application instructions on the reverse side before completing this form.

PLEASE TYPE OR PRINT

Student Section

Family Name | First Name | Middle Name | Former Name

Gender (male/female) | Birthdate (western calendar) | Country of Birth | Country of Citizenship

Mailing Address | City | Zip Code

State/Province | Country | Phone (include country/city code)

Sponsor Name | First Name | Middle Name | Relationship to applicant

Mailing Address | City | Zip Code

State/Province | Country | Phone (include country/city code)

Will you be bringing dependents? ❒ Yes ❒ No If yes, please list name, relationship, age, birthdate, and country of birth of each.

I hereby certify that the statements made on this declaration of finances are true, and that these funds are available and will be provided as indicated. I have sufficient funds available to support the student while they are attending Seattle University. Funding is to include tuition, living expenses, books, supplies, and health insurance as indicated on the back of this form.

Signature of sponsor(s) (or applicant if self-supporting) | Date

Bank Verification

We certify that the above named sponsor(s) has sufficient funds on deposit to meet the yearly costs at Seattle University. Your sponsor's name must match the name of the account holder. This certification is offered with no responsibility on the part of this bank or financial agency.

Name of Bank | Bank Stamp or Seal

Address of Bank | City | Zip Code

State/Province | Country | Phone (include country/city code)

Signature of bank official | Date

Statement of Responsibility

The student applicant must sign the statement below after reading carefully.

I have read the information and followed the instructions on the reverse side of this form, and I certify the statements made on this declaration of finances are true and correct. I understand that an incomplete declaration will not be accepted.

Signature of Applicant | Date

N ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
SEVIS ID# (if known)

Seattle University ID#

Fully complete then return this form to:
Seattle University
Graduate Admission Office
901 12th Avenue
P.O. Box 222000
Seattle, Washington 98122-1090
U.S.A.

Declaration of Finances.

Please use enclosed form and obtain the appropriate signatures. Students receiving scholarships from their governments or employers must submit letters verifying such scholarship awards.

Immigration policies requires that Seattle University verify the financial resources of all international applicants. This form is for that purpose.

Please note the estimated costs are for one academic year (three quarters). You are required to certify that you or your sponsor have the amounts calculated below. These estimated costs do not include transportation costs to and from the United States.

It is important to remember that student visa holders are not authorized to work in the United States except under special circumstances. You should not plan on supporting your education through employment while being a student. ***There is no financial aid available for international graduate students.***

Instructions for completing the Declaration of Finances form

- Find your total yearly estimated costs.
- Have your sponsor complete, sign, and date the student section of this form.
- Have the bank verify your sponsor's funds and sign and date the bank verification section (include bank stamp or seal).
- If the bank verification section is submitted with a bank letter, please be certain it certifies sufficient funds as stated below.
- Sign and date the statement of responsibility section.
- Photocopies, electronic copies, and facsimiles of signatures and bank stamps/seals are acceptable. For students currently living in the United States, corresponding dates must be within 6 months of quarter of entry. For students living outside of the U.S., corresponding dates must be within twelve months of the quarter of entry.
- All portions of this International Student Declaration of Finances must be completed for admission consideration and issuance of an I-20A.

Estimated Graduate Expenses for 2013-2014

Tuition:	*based upon 9 credits per quarter for three quarters*	
	Arts Leadership	$ 17,577
	Business (MBA, MPAC, MSF)	$ 21,006
	Computer Science and Software Engineering	$ 21,006
	Criminal Justice	$ 17,577
	Education-Master and Education Specialist programs	$ 16,146
	Education Doctoral Program	$ 19,116
	Nonprofit Leadership and Public Administration	$ 17,577
	Nursing (DNP)	$ 18,495
	Nursing (MSN)	$ 17,955
	Psychology	$ 17,577
	Sport Administration and Leadership	$ 18,900
	Theology and Ministry programs	$ 16,308
Room and Board:		$ 12,525
Personal expenses and health insurance		$ 4,656
	Student Total	$ 33,327–38,187
Dependents:	$9,785 for first dependent	
	$4,893 for each additional	

Annual Expenses Worksheet:	Your tuition charges	$ _____
	Room and Board	$ 12,525
	Personal expenses and health insurance	$ 4,656
	Dependants	$ _____
	Total resources needed	**$** _____