Master of Science / Master of Arts or Professional Science Masters or Doctor of Nursing Practice
Application for Admission

Term of Planned Enrollment: ☐ FALL ☐ SPRING ☐ SUMMER YEAR _____________ Campus attending: ☐ WINONA ☐ ROCHESTER

NAME ______________________________________________________________________________________________________________________
(Last)   (First)   (Middle)   (Previous)
MAILING ADDRESS _____________________________________________________________________________________________________________
(Street)     (City)   (State)  (Zip)
PERMANENT ADDRESS _____________________________________________________________________________________________________________
(Street)     (City)   (State)  (Zip)
E-MAIL ADDRESS ______________________________________________________________ BIRTHDATE _________________________
State of Legal Residence ___________________________________________________ Years Lived There ______________
Present Employment Position ________________________________________________ Location ____________________________

Citizen of U.S.: ☐ Yes ☐ No Permanent Resident of U.S.: ☐ Yes ☐ No
If you are a permanent resident of the U.S., you must provide a copy of your Permanent Resident card along with this form.

Veteran: ☐ Yes ☐ No

International Students Only: See International Services website for additional required documents: http://www.winona.edu/internationalservices/graduate.asp.

Date of Birth (mm/dd/yyyy)__________________________ Country of Citizenship______________________________________

Gender ☐ Male ☐ Female
Race and ethnic background
Please select any that apply
☐ Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican or Central American, or other Spanish Culture regardless of race)
☐ Native American or Alaska Native (a person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliations or community attachment)
☐ White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
☐ Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent)
☐ Black or African American (a person having origins in any of the black racial groups of Africa)
☐ Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Have you ever taken courses at Winona State University? ☐ Yes ☐ No
If yes: Undergraduate, Year(s) _______________________ Graduate, Year(s) ______________________

Do you plan to apply for a Graduate Assistantship? ☐ Yes ☐ No
If yes, please review the Graduate Studies website for further information.
Please go to http://www.winona.edu/gradstudies/assistants.asp.

UNDERGRADUATE EDUCATION: Degree Granted ________________________ Date Granted or Expected Date _______________
Major ________________________ Minor ________________________
College/Univ. ________________________ Location ________________________

Return to:
Office of Graduate Studies
Winona State University
P.O. Box 5838
Winona, MN 55987-5838

THE FOLLOWING INFORMATION IS VOLUNTARY. THIS INFORMATION WILL ASSIST WINONA STATE UNIVERSITY IN EVALUATING STUDENT RECRUITMENT AND RETENTION POLICIES; IT WILL NOT BE USED AS A BASIS FOR ADMISSION.

Revised 6/12/2014
OTHER COLLEGES/UNIVERSITIES ATTENDED:

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If you are currently certified to teach? In what fields? ________________________________________________________________

In what state(s) _______________________________________________________________________________________________________

Total years of teaching experience ____________

Total years of administrative experience ____________

Degree/Focus Area or Program Sought: (Please check one)

COLLEGE OF EDUCATION

Master of Science

Counselor Education
(Refer to the graduate catalog/website for screening process and application deadlines)

- K-12 School Counseling
- Community Counseling
- Professional Development

Education Leadership

- Professional Leadership Studies (non-licensure)
- Teacher and School Leadership (non-licensure)
- Organizational Leadership
- Outdoor Education/Adventure Based Leadership
- Sport Management

Education

- Education (GIP program)
- Education (TPC to MS program)

Special Education

- Learning Disabilities
- Developmental Disabilities

COLLEGE OF LIBERAL ARTS

Master of Science
(Refer to the graduate catalog/website for application deadlines)

- English

Master of Arts

- English: Literature and Language
- English: TESOL

COLLEGE OF NURSING AND HEALTH SCIENCES

(Refer to the graduate Nursing website http://www.winona.edu/graduatенursing/ for additional application requirements and deadlines.)

Degree Objective

- DNP
- RN to MS
- Master of Science, Nursing

Program

- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Clinical Nurse Specialist
- Adult-Gerontology Primary Care Nurse Practitioner
- Family Nurse Practitioner
- Nurse Educator (MS only)
- Nursing and Organizational Leadership
- Practice and Leadership Innovations (DNP only)

COLLEGE OF SCIENCE AND ENGINEERING

Master of Science

Professional Science Master's in Applied Research and Design
(Refer to the PSM website http://www.winona.edu/psm/ for additional application requirements and deadlines.)

Program Emphasis

- Biology
- Chemistry
- Computer Science
- Geoscience
- Health, Exercise, and Rehabilitative Sciences*

**Emphasis is a joint program with the College of Nursing and Health Sciences.

APPLICATION FEE: A $20, non-refundable application fee is required the first time you apply for admission to Winona State University. Make check payable to Winona State University.

OFFICIAL TRANSCRIPT: One (1) official transcript of all undergraduate and graduate work must be sent directly from each institution(s) you attended to the address listed on page one of this form. Transcripts from WSU or other MnSCU institutions do not need to be requested.

(Signature of applicant)   (Date)

* Your Social Security number (SSN) will be used for student identification purposes on student records. Providing your SSN is voluntary. If you do not provide this number, your application will still be processed. It is requested for purposes of administration, program evaluation and consumer and alumni data. Your number also may be used to create summary information about system programs through data matches with other state agencies.

Revised 6/12/2014