

**University of Colorado Denver, College of Nursing  
Office of Lifelong Learning**

**Application for Non-Degree Seeking Students**

*Please type, or print legibly.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: M F Birth Place: \_\_\_\_\_

For which term are you applying to a non-degree program? Spring Summer Fall Year: \_\_\_\_\_

1. Using the table below, list in chronological order all undergraduate and post baccalaureate schools attended. Calculate your grade point average using A as 4 points; B as 3; C as 2; D as 1; F as 0.

	School Name	City, State	Zip	Dates of Attendance	Degree & Date Conferred	Grade Pt Avg
Undergraduate	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____	_____
Graduate	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____

2. Describe briefly your reasons for wanting to take one or more non-degree program and include your plans in nursing:
3. Please list the specific course offering/certificate program you are applying for and explain why your want to enroll in it:
4. List any scholarships, prizes, honors, or other recognitions that is applicable to your experience in your career(s) include education, teaching:
5. Include all of your non-academic experience as it is relates to the course offering/certificate program for which you are applying:

**I certify that to the best of my knowledge the information on this form is true and complete.**

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

*Return completed forms to:*

**OLL, UC Denver, College of Nursing • Mail Stop C288-08, Education 2 North • 13120 East 19<sup>th</sup> Avenue • Aurora, CO 80045  
Phone – 303-724-1372**

