

**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.)

