

**UNIVERSITY OF WISCONSIN-EAU CLAIRE  
COLLEGE OF NURSING AND HEALTH SCIENCES  
Department of Nursing**

**MSN Program Demographic Form**

FULL NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please answer the following questions by checking the appropriate box and providing the requested information. These data are used for a variety of purposes including assigning academic advisers and program evaluation.

**1. POPULATION FOCUS (Must select one)**

Adult-Gerontologic Health Nursing

Family Health Nursing

**2. ROLE PREPARATION**

Nurse Educator

Nurse Administrator/ Leadership and Management

**3. REGISTERED NURSE LICENSURE**

Wisconsin, license number \_\_\_\_\_  
OR

U. S. Jurisdiction (Name of State) \_\_\_\_\_ license number \_\_\_\_\_ -

***Wisconsin License is required by July 1<sup>st</sup> following admission to the nursing program***

**4. TYPE OF INITIAL NURSING EDUCATION**

Associate Degree

Diploma

Baccalaureate

**5. BACCALAUREATE IN NURSING**

Date of Baccalaureate Degree \_\_\_\_\_

Name of Degree Granting Institution: \_\_\_\_\_

Location: \_\_\_\_\_  
City State Zip

**6. COMMUTING DISTANCE**

Local (Eau Claire Area)

Outside Eau Claire but less than 50 miles

50 miles or more

**7. I PLAN TO COMPLETE THE MSN PROGRAM AS:**

a Part-time student

a Full-time student (not available for Nurse Administration role prep for fall 2017)

If part-time student, how many years? \_\_\_\_\_

**8. STATISTICS COURSE REQUIREMENT**

Course Name \_\_\_\_\_ Where \_\_\_\_\_

When: \_\_\_\_\_

***Statistics at the undergraduate level is required for admission to the MSN program***