

Application for an Exemption through the Exemption Program for Children of Professional Nurse Faculty and Staff

To apply for an exemption through this program, complete the following application and submit it to your institution **along with a letter from your institution's human resource (personnel) office**, confirming your parent's employment.

Name: _____ Social Security Number: _____
(Last, First, Middle initial)

1. Term in which you wish to use the exemption: _____ / _____
fall, spring, or summer / year

2. To qualify for this exemption, you must have a parent who is (1) employed at the beginning of the semester by the professional nursing program of this institution; or (2) under contract to be employed at some time during this term by the professional nursing program.

a. Name of parent: _____ SSN: _____

b. Which employment situation applies:

i. employed at the beginning of the term as a faculty or staff member of the professional nursing program; or

ii. under contract to be employed as a faculty or staff member at some time during this term

3. What type of degree does your parent hold?

Master's or doctoral degree in nursing

Baccalaureate degree in nursing

5. What is the title of your parent's position in the nursing program? _____

6. Have you previously received an exemption through this program? Yes No

If yes, please list the terms/semesters and years:

Term	Year	Term	Year

7. Do you hold a baccalaureate (bachelor's) degree? Yes No

8. Are you currently classified as a resident by this institution? Yes No

Applicant's Certification Statement

I hereby certify that the information I have provided in this application is true and correct.

Signature

Printed Name

Date