

Marquette University Graduate School
Loyola Nursing Exchange Program Application

Please mail your application to: Marquette University Graduate School
P.O. Box 1881
Milwaukee, WI 53208

Or fax to: (414) 288-1902

Personal Information

Last (Family Name): _____ First: _____ Middle Initial: _____

Gender: Female Male Title: Mr. Mrs. Ms. Dr. Rev. Fr. Other: _____

Date of Birth: _____ Social Security Number: _____
(mm/dd/yyyy)

Place of Birth: _____
(City, State, Country)

Address:

_____ (City, State, Zip Code)

_____ (Day Phone)

_____ (Evening Phone)

_____ (Fax)

E-mail Address: _____

Graduate School Plans

Entry Date: Fall Spring Summer Year: _____

Department in which you plan to take courses: _____

Degree Sought: Temporary