

CITIZENSHIP AND RESIDENCY VERIFICATION D.N.P. PROGRAM (Doctor of Nursing Practice)



The following information is required for admission into the Doctor of Nursing Practice Program. Please indicate your response to EACH question by marking the appropriate box.

1. Citizenship: USA Permanent resident
Alien no. _____ Country of citizenship _____
2. Are you a: Kentucky resident Non-Kentucky resident
3. If you indicated you are a Kentucky resident, have you lived in Kentucky for the last 12 months? Yes No
4. Have you received financial support from anyone outside of the state during the last 12 months? Yes No
5. Are you employed by the University of Kentucky? Yes No If yes, are you employed by UK Full time Part time

I understand that withholding or giving false information makes me ineligible for admission and enrollment.

Name (please print) _____
Last (Family name) First Middle

Social Security Number _____

Signature _____ Date _____

Please return to:

University of Kentucky
College of Nursing
Office of Student Services
315 College of Nursing Bldg.
Lexington, KY 40536-0232