

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 (Last, First, Middle initial)

Social Security Number

Exemption Term

_____/_____
fall, spring, or summer year

Parent's Name (Last, First)

Parent's SSN

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.

Parent's Employment Situation

- employed at the beginning of the term as a faculty or staff member of the professional nursing program
- under contract to be employed as faculty or staff some time during this term

Parent's Degree

- Master's/doctoral degree in nursing
- Baccalaureate degree in nursing

Parent's Job Title

If you have previously received an exemption through this program, please list the terms and years below:

Term	Year	Term	Year

Do you hold a baccalaureate (bachelor's) degree? [] Yes [] No

Are you currently classified as a resident by this institution? [] Yes [] No

NOTE: An award recipient must have a statement on file with the institution indicating he or she is registered with the selective service system as required by federal law or is exempt from selective service registration under federal law.

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

Signature

Printed Name

Date