

George Mason University  
College of Health and Human Services  
School of Nursing

**NURSE FACULTY LOAN PROGRAM (NFLP)**

**Application  
Academic Year 2008 - 2009**

Name (Last, First, Middle)		G Number	
Mailing Address		(Area Code) and Telephone Number	
Mailing City, State, Zip		Year in Program during current academic year (e.g., 1st, 2nd):	
Email		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Degree Objective	Semester Entered Graduate Program	Semester and Year You Expect to Graduate	
I am receiving funds from these sources:		I am <input type="checkbox"/> am not <input type="checkbox"/> in default of a federal loan	
		US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, citizenship status:
Check one: <input type="checkbox"/> in-state <input type="checkbox"/> out-of state		I am <input type="checkbox"/> a full-time student I am <input type="checkbox"/> a part-time student	
Please briefly explain in the space below your anticipated type of faculty position (institution type, specialty, student level, etc.)			
Applicant's Signature			Date

Submit this form to:

Office of Assistant Dean, Master's and Post-Master's Division  
Dr. Joyce Hahn  
Robinson A Room 361

Note: Student retains a copy.