



1. Date of Application (<i>month/day/year</i>)	
2. Last Name (<i>Family/Surname</i>) – as it appears on passport	
3. First Name – as it appears on passport	
4. Date of Birth (<i>month/day/year</i>)	
5. Home Address	
6. Home Phone Number	
7. Email address(es)	
8. Emergency Contact (name, relationship, phone number)	
9. Emergency Contact Address	
10. Emergency Contact Phone Number	
11. Citizenship	
12. Primary Language	
13. English Language Requirement: Applicants whose primary language is not English are required to submit proof of English language proficiency, (letter from home institution or TOEFL test score)	
14. Home Institution	
15. Home Institution Address	
16. Title or Position @ Home Institution	
17. Terminal degree (e.g., BSN, MSN, PhD)	
18. Date Terminal Degree Earned or Expected (<i>mo/day/year</i>)	



19. Please state objectives for the visit, area of study or research interests

20. Proposed Mentor at SON or desired area of study or research interest

- a. View SON Nursing Faculty biographies at:
<https://www.nursing.ucla.edu/about-us/faculty-directory>

21. Proposed Start and End Date

22. **Immunization Requirements:** Persons visiting for 2 weeks or less must provide evidence of TB screening ONLY. Flu immunization also required during flu season; Persons staying longer than 2 weeks need to provide evidence of TB screening and additional immunizations. Immunization forms will be sent upon acceptance of your application.

23. **Complete Application:**

- **Attach CV/resume**
- **Attach Personal Statement**
- **Attach official language scores or letter stating English proficiency**