

Application for Admission Supplement: Graduate Nursing - DNP | Certificate



Applicant Information:

Legal First Name: _____ Legal Last Name: _____

Email Address: _____ ID Number (if known): _____

New Desired Program: _____ Initials: _____ Date: _____

New Desired Start Term: Fall (DNP only) Spring (DNP or Certificates) Year: _____

Goal Statement

Prepare a statement reflecting your goals and purpose for pursuing graduate study. For admission purposes, goals will be judged for clarity and congruity with graduate education, congruity with selected nursing role in the DNP and congruity with past and current work experience. Please limit to no more than 500 words. Include the following in your statement:

- Relationship of your identified area of study, your career goals, and specific outcomes you want to accomplish from graduate study
- Relationship between your career goals and past and current clinical experience including work experience or future plans to work in rural areas and/or with medically underserved populations.
- Ideas for your Doctoral Applied Project in your planned area of clinical expertise.

Resume or Curriculum Vita

Please email your resume/CV to apply@umassglobal.edu

Licensure

Please list your RN license number: _____

This program also requires an advanced practice license. Please enter your advanced practice license information below:

Advanced Practice License Number: _____

Advanced Practice License Specialty: _____

Advanced Practice License State: _____

DNP Applicants Only: If you plan to add a new Advanced Practice Specialty at University of Massachusetts Global, please select your specialty of interest.

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Family/ Across the Lifespan Nurse Practitioner (FNP)

Name: _____

Date: _____

This form can be emailed to apply@umassglobal.edu to complete your request to be admitted to a graduate level Nursing program.