



APPLICATION FOR ADMISSION
DOCTOR OF NURSING PRACTICE PROGRAM

Please type or print. All questions must be answered before application can be processed.

For University use only: Student ID Number _____

APPLYING FOR FALL SPRING SUMMER YEAR _____

ENROLLMENT STATUS FULL-TIME PART-TIME

PROGRAM OF INTEREST: Doctor of Nursing Practice

Post-Baccalaureate Post-Masters

APPLICANT NAME

Mr. Ms. Other _____

Last Name *First Name* *Middle Name*

Indicate any other name(s) from above on previous academic records.

CURRENT MAILING ADDRESS – Number and Street or Box and Route

County _____

City *State Initials* *Zip Code* *Country*

PERMANENT ADDRESS – Number and Street or Box and Route (if different from above)

County _____

City *State Initials* *Zip Code* *Country*

TELEPHONE (*cell*) _____ (*work*) _____ (*home*) _____

EMAIL _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY NUMBER ____ - ____ - _____

GENDER Male Female

CITIZENSHIP INFORMATION U.S. Citizen - Birth U.S. Citizen – Naturalized Permanent Resident

If a permanent resident of the US: How long _____ Registration number _____

Have you applied for citizenship? Yes No International Status (if checked, see note (1) below)

Country of Origin: _____

NOTE:

- (1) International students who have licensure outside the U.S., as well as RNs whose highest degree earned in nursing is an associate's degree, are not eligible for admission to this program of study at this time.
- (2) Information regarding race, ethnicity, or religion is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

ETHNIC BACKGROUND

Are you Hispanic, Latino, or Spanish origin: Yes No Is English your native language: Yes No

If your answer is no, please select one or more races:

- American Indian/Alaskan Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander White Other _____

RELIGIOUS PREFERENCE

- Buddhist Catholic Jewish Muslim
- Protestant None Other _____

MILITARY STATUS Active Duty Reserve Veteran

Are you eligible for military benefits? Yes No If yes, is your eligibility based on: Self Spouse Dependent

ACADEMIC RECORD

List in chronological order all colleges and universities attended. Applicant is responsible for requesting an official transcript from each college/university attended. (List all colleges attended, including those for dual credit. Upload file below.)

<i>Institution</i>	<i>Location</i>	<i>Date Attended (month/year)</i>	<i>Major</i>	<i>Degree Earned</i>

RESUME

Please include honors, achievements, association memberships and certifications.

Your resume may be submitted by email to gradadmissions@stthom.edu for application file to be complete.

- I am going to send this in separately (see details on final page)

PROOF OF RN LICENSURE

Proof of licensure may be submitted by email to gradadmissions@stthom.edu for application file to be complete.

- I am going to send this in separately (see details on final page)

EMPLOYMENT RECORD

List your last two jobs, including your current job (beginning with the most recent).

<i>Employer</i>	<i>Location</i>	<i>Position</i>	<i>Start Date</i>	<i>End Date</i>

To meet submission requirements, you must submit verification of one (1) year employment statement from the HR department of your current or past employer. Applicants may email it to gradadmissions@stthom.edu.

- I am going to send this in separately (see details on final page)

ESSAY (500 word limit)

Please identify Clinical sites where you have developed a working relationship with provider and leadership stake holders.

The essay may be submitted by email to gradadmissions@stthom.edu for application file to be complete.

- I am going to send this in separately (see details on final page)

LETTERS OF RECOMMENDATION

You are required to submit five letters of recommendation.

The letters of recommendation may be submitted by email to gradadmissions@stthom.edu for application file to be complete.

- I am going to request that letters of recommendation be sent by email.

REFERENCES (Only professional or educational references, as opposed to personal, will be considered for evaluation.)

1. Name: _____
Relationship to applicant: _____
Affiliation: _____
2. Name: _____
Relationship to applicant: _____
Affiliation: _____
3. Name: _____
Relationship to applicant: _____
Affiliation: _____

TEST INFORMATION (Optional)

GRE, if taken, date _____; will be taken, date _____ SCORE _____

MAT, if taken, date _____; will be taken, date _____ SCORE _____

Indicate if you have taken other graduate tests Yes No

If yes, specify test name and score _____

Have you ever been convicted or do you have charges pending against you for laws other than minor traffic offenses?

Yes No

If yes, please provide detailed answers to the following questions, and return this form to us in the enclosed envelope.

1. What was the crime for which you were convicted? _____
2. In what city, county, and state were you convicted? _____
3. In what year were you convicted? _____
4. What was the punishment you were given? _____
5. Are you on probation or parole at this time? _____ If yes, please outline the terms of such probation or parole.

6. Did the Board of Nursing review your conviction and determine implication for licensure status? Yes No

7. Please explain: _____

8. What life changes have you made since this incident?

How did you hear about this program? _____

STATEMENT OF ACCURACY

I certify that the information contained in this application for admission is true and correct. I understand that misrepresentation or omission of information may result in dismissal or loss of credit. Should any of the information change prior to my acceptance I will immediately notify the Graduate Office of Admissions.

Signature of Applicant _____ Date _____

Please mail or email all application materials to: University of St. Thomas
ATTN: Admissions
3800 Montrose Blvd. Box 7
Houston, TX 77006-4626
Email: gradadmissions@stthom.edu
Fax: (713)525-3558

The University of St. Thomas is a private institution committed to the liberal arts and to the religious, ethical, and intellectual tradition of Catholic higher education. St. Thomas provides equal educational opportunities without regard to race, religion, sex, age, disability, or ethnic origin.