



**University of  
Massachusetts Worcester  
Graduate School of  
Nursing**

**Doctor of Nursing Practice  
Application for Admission**



# University of Massachusetts Worcester Graduate School of Nursing

## Application Instructions

Thank you for your interest in the Graduate School of Nursing (GSN) at University of Massachusetts Worcester. We welcome your application. This packet contains all of the required application pieces. Please return a COMPLETE packet in the enclosed envelope minus your GRE scores. Your application will NOT be reviewed until the Office of Admissions has received all items listed below. Please refer to the check list on the second page of this application.

### **Required for Application**

#### **Completed Application Form**

Please type or print clearly. Attach additional sheets as needed to provide requested information.

#### **Application Fee**

Application Fee is \$40 for Massachusetts Residents and \$60 for Out-of-State Residents. Checks must be made payable to the University of Massachusetts.

#### **2 Personal Statements**

Personal Statements are an important part of your application and assist the admissions committee in determining those applicants who will best serve the Commonwealth's healthcare needs through APN nursing practice, public service, education and research translation.

#### **Publications or Scholarly Writing**

One example of scholarly writing must be submitted. The paper can be published or unpublished.

#### **Professional APN Portfolio**

Documentation of your attainment of the National of the National Organization of Nurse Practitioner Faculties (NONPF) nurse practitioner competencies in your specialty <http://www.nonpf.org#lamp>

#### **3 Letters of Recommendation**

Three letters of recommendation are required from people with whom you have been in contact with in the last five years. DNP applicants must submit a letter of recommendation from: (1) a recent supervisor who can evaluate APN employment experience; (2) an academic reference; and (3) a nurse who can evaluate your leadership potential as an APN with a DNP.

#### **Proof of Residency**

All applicants, both Massachusetts residents and non-residents, must submit a notarized Proof of Residency.

#### **Official Transcripts from All Prior Undergraduate and Graduate Coursework**

Include separate transcripts from transfer course work, study abroad programs, and non-degree coursework taken at any time.

#### **Resume**

Your work experience is an important component of the admissions process. Please include a resume with your completed application.

#### **Graduate Record Exam (GRE)**

Official results should be sent directly to the Graduate School of Nursing from the Educational Testing Service (ETS). The University of Massachusetts Worcester's code is 3947. The Graduate School of Nursing's code is 0610.

#### **Evidence of Unrestricted Nursing Licensure as a Massachusetts Registered Nurse/Nurse Practitioner**

This is required for the students applying to the DNP Program.

#### **Test of English as a Foreign Language (TOEFL)**

International students must demonstrate their English proficiency by submitting a TOEFL score. The test is required of all applicants whose native language is not English and who have not earned a degree in a country where English is the primary language.

Please contact the Graduate School of Nursing with any questions at  
508 856-3488 or E-Mail [GSNAdmissions@umassmed.edu](mailto:GSNAdmissions@umassmed.edu)



# University of Massachusetts Worcester Graduate School of Nursing

## CHECK LIST

Please complete this form and return it to the Graduate School of Nursing with your completed application packet. The following items must be submitted completely in the enclosed envelope to be considered for admission to the Graduate School of Nursing:

- Completed Application Form
- Completed Background Questionnaire
- Non-refundable Application Fee
- 2 Personal Statements
- Publications or Scholarly Writings
- Professional APN Portfolio
- 3 Letters of Recommendations (in sealed envelopes from recommender)
- Notarized Proof of Residency
- Official Transcripts (in sealed envelopes)  
International Transcripts must be translated by World Education Services (WES) or Center for Educational Documentation, Inc. (CED)
- Resume
- Evidence of Unrestricted Nursing Licensure as a Massachusetts Registered Nurse/Nurse Practitioner

Applicant must request an official copy of GRE and or TOEFL (international students only) from ETS to be sent to the Graduate School of Nursing (school code 3947 department code 0610). We will only accept official copies from ETS.

- Official Results of the Graduate Record Exam (GRE)
- Test of English as a Foreign Language (TOEFL) (*if applicable*)

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Signature of Applicant

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Date



**Work Experience**

Position (most current first)	Employer	Type of Work	Dates of Employment

**Education**

List *all* schools attended for undergraduate and graduate coursework.

Name of School	Major	Dates of Attendance	Degree Awarded

List any significant honors, awards and honor society memberships.

Honor	Institution	Year Awarded

**Activities**

List any major extracurricular, community, avocations or unique activities that you are involved with (*optional*).

Activity	Year(s) of Participation	Office Held or Honor Received

**Publications or Scholarly Writing**

List any publications you have written.

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**International Students Only**

Country of Birth \_\_\_\_\_ Type of Visa \_\_\_\_\_  
 Country and City of Citizenship \_\_\_\_\_ Status of Visa (if applicable) \_\_\_\_\_

Applicants whose native language is not English should enter result of Test of English as a Foreign Language (TOEFL)  
 Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_

Have your official score sent to the Graduate School of Nursing at UMass Worcester.

**Personal Statements**

Personal Statements are an important part of your application and assist the admissions committee in determining those applicants who will best serve the Commonwealth's healthcare needs through nursing practice, public service, education and research. Two personal statements are required.

1. Prepare a brief, but explicit (no more than 500 words), statement on a separate page *addressing the following points*:
  - a. Your reasons, personal and/or professional, for pursuing a program of study to become an advanced practice nurse with a DNP;
  - b. Your career plans as an advanced practice nurse with a DNP after graduation and in the future.
2. Answer the following question in 500 words:  
 What is your role, now and in the future, to decrease health disparities for underserved and diverse populations to meet the goals of Health People 2010?

**GRE**

Have you taken the Graduate Record Exam (GRE) within the last five years?  Yes  No

If no, date you intend to take the test: Month \_\_\_\_\_ Year \_\_\_\_\_ If yes, dates taken: Month \_\_\_\_\_ Year \_\_\_\_\_

You must request that the Educational Testing Service (ETS) send your test score to UMass Worcester's Graduate School of Nursing (school code no. 3947, department code no. 0610).

**Letters of Recommendation**

Three letters of recommendation are required from people with whom you have been in contact with in the last five years. DNP applicants must submit a letter of recommendation from: (1) a recent supervisor who can evaluate APN employment experience; (2) an academic reference; and (3) a nurse who can evaluate your leadership potential as an APN with a DNP.

Name	Address	Title or Position

**Certification**

Identify each APN certification including the organization providing the examination and the date the certification was active.

Certification	Organization	Dates

**APN Work Experience**

APN Position	Employer	Type of Work Patient Care/Administrator Educator/Research Assistant	Percentage of Time	Dates of Employment

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**Referral Information**

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Please check one or more of the items listed below, indicating the source(s) that acquainted you with the Graduate School of Nursing.

Faculty or Administrator from my undergraduate college

GSN Information Session

Faculty or Administrator from UMass

Newspaper \_\_\_\_\_

Former GSN student or current student

Guidebook/Website \_\_\_\_\_

Name of Referrer \_\_\_\_\_

Other \_\_\_\_\_

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**Application Signature**

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I certify that the information provided on my application form and supporting materials is true, complete and correct to the best of my knowledge. I understand that dishonesty, misrepresentation or fraud in the admission process may result in rejection of my application, revocation of an offer of admission or expulsion from the degree program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





# University of Massachusetts Worcester Graduate School of Nursing

## BACKGROUND QUESTIONNAIRE

1. Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion for the institution?    Yes    No

2. Have you ever been convicted of a felony or other crime?    Yes    No

Please note that if you answered "yes" to either or both of these questions, we will carefully review the circumstances surrounding your situation. A "yes" answer does NOT necessarily disqualify you for consideration for admission to the University of Massachusetts.

I certify that the information provided above is true and correct to the best of my knowledge.

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Applicant Signature

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Date

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Please print applicant name









# Rules and Regulations Governing the Residency Status of Students for Tuition Purposes

These rules and regulations shall apply to the Classification of students at UMass Worcester as Massachusetts or Non-Massachusetts students for tuition purposes.

## **Section 1- Definitions**

**Academic Period-** A term or semester in an academic year or a summer session as prescribed by the Board of Trustees or under their authority.

**Continuous attendance –** enrollment at the University for the normal academic year in each calendar year, or the appropriate portion(s) of such academic year as prescribed by the Board of Trustees or under their authority.

**Emancipated Person-** A person (a) who has attained the age of 18 years and is financially independent of his or her parents or (b) if under 18 years of age whose parents have entirely surrendered the right to the care, custody and earnings of such person and who no longer are under any legal obligation to support or maintain such person or (c) a person who has no parent. If none of the aforesaid definitions apply, said person shall be deemed an “Un-emancipated Person.”

**Domicile-** A person’s true, fixed and permanent home or place of habitation where he intends to remain permanently.

**His-** Shall apply to the female as well as the male gender.

## **Section 2- Classification**

For the purpose of assessing tuition and fees, each student will be classified as a “Massachusetts resident” or a “Non Massachusetts resident”. A person shall be classified as a Massachusetts resident if he (or the parent of an unemancipated student) shall have resided in Massachusetts for purposes other than attending an educational institution for twelve months immediately preceding the student’s entry or reentry as a student. Physical presence for this twelve month period need not be required as long as the conduct of an individual, taken in total, manifests an intention to make Massachusetts his permanent dwelling place.

## **Section 3- Rules for Determination of Domicile**

### *Proof of Residency*

a) Each case will be decided on the basis of all facts submitted with qualitative rather than quantitative emphasis. A number of factors are required for residency to determine the intention of the person to maintain permanent residence in Massachusetts. No single index is decisive. The burden of proof rests on the student seeking classification as a Massachusetts resident.

b) The following shall be primary indicia of residency: 1) For unemancipated persons, the residency of parents, having custody, within Massachusetts 2) Certified copies of federal and state income tax returns; 3) Permanent employment in a position not normally filled by a student; 4) Reliance on Massachusetts sources for financial support; 5) Former residency in Massachusetts and maintenance of significant connections there while absent

c) The following shall be secondary indicia of residency, to be considered of less weight than the indicia listed above in subsection b):

1) Continuous physical presence in Massachusetts during periods when not an enrolled student; 2) Military home of record 3) All other material of whatever kind of source which may have a bearing on determining residency

### *Proof of Emancipation*

A student asserting that he or she is an emancipated person shall furnish evidence to support such assertion. Such evidence may include:

a) Birth Certificate or any other legal document that shows place and date of birth;

b) Legal guardianship papers-court appointment and termination must be submitted;

c) Statement of the person, his parent(s), guardian(s), or others certifying no financial support;

d) Certified copies of federal and state income tax returns filed by the person and his parent(s);

e) Where none of the foregoing can be provided, an affidavit of the emancipated person in explanation thereof and stating fully the grounds supporting the claim of emancipation.

### *Presumptions, etc.*

a) Residency is not acquired by mere physical presence in Massachusetts while the person is enrolled in an institution of higher education (see section 2.1)

b) A person having his residency elsewhere shall not be eligible for classification as a Massachusetts resident for tuition purposes, except as herein provided.

1) Any person who is registered at the University as a

Massachusetts resident shall be eligible for continued classification as a Massachusetts resident for tuition purposes (until attainment of the degree for which he or she is enrolled) during continuous attendance at the institution 2) The spouse of any person who is classified or is eligible for classification as a “Massachusetts resident” is likewise eligible for classification as a “Massachusetts resident.” This provision will not apply in the case of a spouse in the United States on a non-immigration visa.

3) A person who is an immigrant/permanent resident of

the United States (or has applied for such status) is eligible to be considered for Massachusetts residency for tuition purposes provided that he meets the same requirements for establishing residency in Massachusetts as are required of a United States citizen. Non-citizens who are in (or who have applied for) refugee/asylum status are likewise eligible to be considered for Massachusetts residency for tuition purposes provided that he meets the same requirements for establishing residency in Massachusetts as are required of a United States citizen. All non-citizens must provide appropriate documentation to verify their status with the United States Immigration and Naturalization Service.

4) Those students whose higher education pursuits are funded by the Department of Welfare, the Massachusetts Rehabilitation Department, or any of the other Massachusetts public assistance programs.

a) A person does not gain or lose in-state status solely by reason of his presence in any state or country while a member of the Armed Forces of the United States.

b) For the purposes of this policy, the following persons shall be presumed to be Massachusetts residents:

1) A member of the Armed Forces of the United States who is stationed in Massachusetts on active duty pursuant to military orders, his spouse and dependent students. 2) Full time faculty, professional staff, and classified staff employees of the University of Massachusetts system and their spouses and dependent students.

**Section 4- Appeals**

1) Any student or applicant who is unwilling to accept the initial ruling relative to his residency classification, or who wishes to seek reclassification, may file a "Residency Reclassification Form."

2) Any student or applicant who is unwilling to accept the ruling relative to his residency classification may submit an appeal through the appeal process established by the campus at which that student or applicant seeks reclassification. The decision on appeal is final and may not be appealed further.

3) In any case where the Admissions Office is unable to make an initial determination based on the evidence submitted, the applicant may be required to submit a "Residency Reclassification Form" to the admissions office for their review before being finally classified as a resident or a non-resident.

**Section 5- Penalties**

Misrepresentation in or omission from any evidence submitted with respect to any fact, which is correctly or completely stated would be grounds to deny classification as a Massachusetts resident, shall be cause for exclusion or expulsion from or other disciplinary action by the University.