



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

**Doctoral Program
Application for Admission**

Doctoral Program Application Instructions

University of Massachusetts Worcester
Graduate School of Nursing

55 Lake Avenue North, Worcester, MA 01655

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 Statement

Please respond carefully to the questions. Your responses will be used to evaluate your writing skills and the match between your goals, research focus and experiences and that of the UMass Worcester faculty. Your application statement should be double-spaced in 12 point font and no more than 5 pages in length.

Official Transcripts from All Prior Undergraduate and Graduate Coursework

This includes 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.

Publications or Scholarly Writings

One example of scholarly writing must be submitted. Indicate the purpose for which you wrote the paper. The paper can be published or unpublished. If a co-authored paper is sent, it must be accompanied by two letters (from the 1st author and yourself) stating your contribution to the paper.

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.

3 Letters of Recommendations

Three letters of recommendation (including the attached recommendation form) are required. One recommendation must be from a recent supervisor who can evaluate your employment experience (*current or previous*); two recommendations should be academic references from persons who have academic doctoral degrees and can evaluate your academic potential.

For BS to PhD applicants only: All three references must be academic references (one must be from your major advisor).

Evidence of an Unrestricted Nursing Licensure as a Registered Nurse

Applicants must submit a copy of a current professional registered nurse license (Massachusetts license is required if you participate in any clinical or research-related activities in Massachusetts).

Application Fee

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

Proof of Residency

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



University of Massachusetts Worcester Graduate School of Nursing

CHECKLIST

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. Only completed applications will be reviewed:

- Completed Application Form
- Completed Background Questionnaire
- Non-refundable Application Fee
- Application Statement
- 3 Letters of Recommendations (in sealed envelopes from recommender)
- BS to PhD Program Verification of Clinical Practice as RN
- Official Transcripts (in sealed envelopes)
International Transcripts must be translated by World Education Services (WES) or Center for Educational Documentation, Inc. (CED)
- Notarized Proof of Residency
- Resume
- Evidence of Unrestricted Nursing Licensure as a Massachusetts Registered Nurse (*not required for Graduate Entry Pathway applicants*)
- Publications
- Scholarly Writings

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*)

Signature of Applicant

Date

Doctoral Program Application Form

University of Massachusetts Worcester
Graduate School of Nursing

55 Lake Avenue North, Worcester, MA 01655

Please Check: () MS to PhD (traditional) () BS to PhD (accelerated)

Background Information (Please type or print clearly)

Last Name First Name MI Maiden Name (if applicable)

Permanent Street Address Permanent E-mail Address

City State Zip Code COUNTY

() () ()
Telephone Number Work Telephone Number Cell Telephone Number

Correspondence Address (If different from Permanent Address)

_____-_____-_____- ____/____/_____
Social Security Number Date of Birth
(optional)

Gender: Male Female

Marital Status: Married Single Divorced

Have you ever applied to the GSN? Yes No

If you wish to be considered as a minority group applicant,
designate the disadvantage:

Economically Educationally

Are you a veteran: Yes No

Optional Information: In cooperation with the Massachusetts Commission against Discrimination in implementing our Affirmative Action Program, the following optional information is requested. The information in this form is strictly confidential and will not be released to any other agency.

Race / Ethnicity:

- Aleut, Eskimo, Native American, Native Hawaiian
- Asian American
- African American
- Hispanic, Latino
- Caucasian American
- Non Resident (please specify visa type): _____
- Other (please specify): _____

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 please enter the Test of English as a Foreign Language (TOEFL) score: Score: _____ Date Taken: _____

Official scores must be sent to the Graduate School of Nursing at UMass Worcester.

Doctoral Program Data Form

University of Massachusetts Worcester
 Graduate School of Nursing

55 Lake Avenue North, Worcester, MA 01655

Work Experience

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

***BS to PhD Applicants – Please note: You will need to provide documentation of at least 500 clinical hours as an RN either before enrollment or the hours must be completed concurrently with course work.**

Education

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

Name of School	Major	Dates of Attendance	Degree Awarded

List any honors, awards and honor society memberships.

Honors/Awards	Institution/Sponsor	Year Awarded

Activities

List 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. Applicants must submit a publication or scholarly writing sample.

Doctoral Program Data Form

University of Massachusetts Worcester
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Application Statement

Please respond carefully to the following questions. Responses will be used to evaluate your writing skills and the match between your goals, research focus and experiences and that of the UMass Worcester faculty. Application statements should be double-spaced in 12 point font and no more than 5 pages in length.

1. Why are you pursuing doctoral study in nursing at this time?
 - a. Include a statement of your career goals.
2. What do you hope to accomplish in your program?
3. Please describe a problem area in nursing science that you plan to study in your PhD program.
 - a. What professional or personal experiences have contributed to the development of your interest in this area?
4. Why did you specifically select our program?

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 _____

Score: Verbal _____ Quantitative _____ Writing _____

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).

Recommendations

Three letters of recommendation are required. For MS to PhD applicants two academic and one employer (supervisor) reference is required. For BS to PhD applicants three academic references are required (one reference must be from your major advisor). Both the attached form and a letter written by each recommender must be submitted to the Graduate School of Nursing. Please choose those persons that can best evaluate your ability to engage in doctoral level work. List the recommenders below.

Name	Address	Title or Position

Referral Information

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 _____

Application Signature

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.

Applicant Signature

Date

Please print applicant name



University of Massachusetts Worcester Graduate School of Nursing

BS TO PHD PROGRAM VERIFICATION OF DIRECT CLINICAL PRACTICE AS A REGISTERED NURSE

To be Completed by the Applicant

Note to Applicant of the BS to PhD Program: Please complete the top section and deliver or mail this form to the person who will verify your clinical hours worked. Your name should be as it appears on your application. A total of 500 hours is required. If there are different locations to complete the required 500 hours you will need to have a completed form that verifies the hours from each location.

Last Name

First Name

MI

To Be Completed by the Applicant's Clinical Supervisor/Employer

The following student (or applicant) to the Graduate School of Nursing BS to PhD program has completed the hours indicated of clinical practice as a registered nurse.

Hours Worked:

NAME of student and number of hours worked (Please Print)

Dates of Service: from _____ to _____ hours _____

Facility:

Supervisor name and title: (Please print)

Telephone

Fax

email (Please Print)

Address: (Contact information for supervisor)

City

State

Zip

Date:

Signature of supervisor

Doctoral Program Proof of Residency Form

University of Massachusetts Worcester
Graduate School of Nursing

55 Lake Avenue North, Worcester, MA 01655

ALL APPLICANTS MUST SUBMIT A NOTARIZED COPY OF THIS FORM IN ORDER TO BE CONSIDERED FOR ADMISSION TO THE GRADUATE SCHOOL OF NURSING.

Please Read the Rules and Regulations for Classification as a Massachusetts Student on the Reverse Side of the Form. Concealment or misrepresentation of facts and/or making untruthful statements shall cause you to be liable for out-of-state tuition charges and/or dismissed from the school. To be eligible for in-state tuition charges, you must reside in the Commonwealth of Massachusetts for purposes other than attending an educational institution twelve (12) months prior to the date of application to this institution.

To be Completed by All Applicants

Last Name

First Name

MI

Applicant's Permanent Address

Since (mo/day/year)

Applicant's Former Address (If less than 12 months at present address)

Since (mo/day/year)

Gender: Male Female

Date of Birth (mo/day/year)

City and State of Birth

Are you a U.S. Citizen? Yes No

If not, list your Alien Registration No. _____

Is your visa: Temporary Permanent

Statement of Applicant 18 Years of Age or Older:

I (*applicant's name*) _____ certify that I have read the Rules and Regulations for the Classification of Students for Tuition Purposes (backside of page) at the University of Massachusetts Worcester and that I am aware of the appeals procedure under those rules and regulations.

Signature of Applicant

Date

To be Completed by Massachusetts Residents

I (*applicant's name*) _____ certify that I am _____ years of age and that pursuant to said rules and regulations, I am domiciled in Massachusetts and have maintained residence herein continuously since.

Signature of Applicant

Date

To be Completed by Non-Massachusetts Residents

I (*applicant's name*) _____ certify that I am NOT a Massachusetts Resident and that I will be classified as an out-of-state student for tuition purposes.

Signature of Applicant

Date

To be Completed by the Notary Public

State

County

Commission Expiration Date

Then personally appeared before me the above named _____ who, being first duly sworn, depose and says that the statements made by him/her in this section of this application to the University of Massachusetts Worcester are and each of them is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

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.

c) 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.

d) 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