



UNIVERSITY OF MASSACHUSETTS
GRADUATE SCHOOL OF NURSING
APPLICATION CHECKLIST

MAIL THIS CHECKLIST WITH INFORMATION LISTED BELOW TO:

University of Massachusetts Worcester
Graduate School of Nursing
Attention: Admission Office
55 Lake Avenue North
Worcester, MA 01655

Full Name: _____

(Please print clearly)

Address: _____

City: _____ State: _____ Zip: _____

(If you currently live in Massachusetts, have ever lived outside of Massachusetts? YES or NO)

Home Phone: _____ Cell Phone: _____

NursingCAS ID#: _____

Program applying to: _____

APPLICATION FEE: **nonrefundable** make check payable to the UMass Worcester Graduate School of Nursing (This fee is different than the fee for NursingCAS)

Instate \$60.00	Out of State \$75.00
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Notarized proof of residence for instate and out of state applicants is included:

I have self-reported my GRE scores on NursingCAS and understand I must request and official copy of my GRE scores to be sent directly to UMass Worcester Graduate School of Nursing:

Be sure you have reviewed all application requirements for your program of interest on our web site at www.umassmed.edu/gsn. Your application will not be considered complete or be reviewed until you have completed all application requirements. All application requirements must be submitted to NursingCAS with the exception of what is listed on this checklist.