

# UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING MASTER'S PROGRAM APPLICATION FORM

(Please type or print all information)

Name: \_\_\_\_\_ S.S.# (USA) \_\_\_\_\_  
Last First (Middle/Birth if applicable)

Home Address: \_\_\_\_\_  
No. & Street  
\_\_\_\_\_  
City County State Zip Code

Mailing Address: \_\_\_\_\_  
No. & Street  
\_\_\_\_\_  
City County State Zip Code

Telephone: Day: (\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION** (Optional): Your responses to the following questions are voluntary and will be kept confidential. Refusal to complete the information will not be used to deny access or admission. The information will, however, assist the University in providing data to demonstrate compliance with civil rights laws.

**DATE OF BIRTH:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**GENDER:** \_\_\_ Male \_\_\_ Female  
**ETHNIC STATUS:** \_\_\_ Asian (4) \_\_\_ Hispanic/Latino (3)  
\_\_\_ Other (6) \_\_\_ Native Hawaiian/Oth Pac Island (8)  
\_\_\_ Black/African American (2) \_\_\_ White (1)  
\_\_\_ Not specified (7) \_\_\_ American Indian/Alaskan Native (5)

**CITIZENSHIP: (please check one)**  
\_\_\_ US (US Citizen) \_\_\_ FP (US Immigrant Permanent Resident) \_\_\_ FS (Non-Immigrant Student, Visitor) \_\_\_ RF (Refugee in the US)

**US Citizen** - A person owing allegiance to the United States of America.  
**Non-Immigrant (Student Visitor)** - All aliens who have residence in a foreign country which they have no intention of abandoning and whose stay in the United States is limited to a defined period of time and a definite purpose that, by its nature, may be promptly accomplished.  
**Refugee in the US:** All aliens who have fled or been rejected from their country of nationality for reasons of race, religion, political opinion or war.  
**US Immigrant Permanent Resident** - One who intends to make the US his permanent residence and who is in possession of a permanent immigration visa by the Department of Justice.

**Are you a resident of PA?** \_\_\_ Yes (more than one year) \_\_\_ Yes (less than one year) \_\_\_ No

**Applying for:** Year \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Full time \_\_\_ Part time \_\_\_

**PROGRAM CHOICE:** (indicate one area and a subspecialty if applicable)

\_\_\_ Nurse Anesthesia

**Nurse Practitioner:**

- \_\_\_ Family
- \_\_\_ Adult
- \_\_\_ Neonatal
- \_\_\_ Pediatric
- \_\_\_ Psychiatric Primary Care
- \_\_\_ **Acute Care:** (choose subspecialty area)
  - \_\_\_ Cardiopulmonary Clinical Emphasis
  - \_\_\_ Critical Care Clinical Emphasis
  - \_\_\_ Oncology Clinical Emphasis
  - \_\_\_ Other Clinical Emphasis: \_\_\_\_\_ (Indicate clinical emphasis)
  - \_\_\_ Trauma/Emergency Preparedness (TEP)

**Clinical Nurse Specialist:**

- \_\_\_ Medical Surgical
- \_\_\_ Psychiatric/Mental Health

**Advanced Specialty Roles: (choose specialty role):**

- \_\_\_ Administration \_\_\_ Clinical Nurse Leader (CNL)
- \_\_\_ Education \_\_\_ Research \_\_\_ Informatics

**Family and Acute Care Nurse Practitioner Only:** Indicate campus where you will attend classes:

\_\_\_ Oakland \_\_\_ Johnstown(FNP only)

Have you attended a Master's Program in Nursing previously? \_\_\_ Yes \_\_\_ No

**ACADEMIC RECORD**

Please list all of the institutions you have attended, even if you did not complete a degree.

Institution	Location (City, State)	Degree awarded and Date of Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Pre-requisite Statistics Course**

If you have completed statistics, please mail your transcript indicating your letter grade to **STUDENT SERVICES DEPARTMENT OF THE SCHOOL OF NURSING, 239 VICTORIA BLDG., PITTSBURGH, PA 15261**  
 Please visit our School of Nursing website for the **documentation of prerequisite statistics course** form at [http://www.pitt.edu/~nursing/academicprograms/pdf/masters\\_forms/prerequisite\\_statistics\\_form.pdf](http://www.pitt.edu/~nursing/academicprograms/pdf/masters_forms/prerequisite_statistics_form.pdf)  
 Please print the form, complete and submit to the above address.

**REQUIRED ADMISSION TESTS GRE and/or TOEFL/IELTS(if applicable)**

Official scores must be sent directly from the testing center to the School of Nursing Student Services Office.

Name of Test: <b>TOEFL/IELTS</b>	Date Taken/Plan to Take: _____	Total Score _____
Name of Test: <b>GRE</b>	Date Taken/Plan to Take: _____	Math ___ Verbal ___ Analytical ___

**ESSAY**

Please **attach** a brief, typed essay stating: 1) your philosophy of nursing, 2) your reasons for wanting to study in a particular area of specialization, 3) what you expect from the program, and 4) your future career goals.

**EMPLOYMENT RECORD**

Please list your last three positions of employment, beginning with your current or most recent position.

Employer's Name	Location (City, State)	Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROFESSIONAL EVALUATION INFORMATION:**

Provide the following for the three persons who have been asked to complete the Professional Evaluation Form.

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HONORS, AWARDS, PUBLICATIONS, RESEARCH, ETC.:**

\_\_\_\_\_

\_\_\_\_\_

**RESUME:** Please enclose a current resume or CV: Please be sure to include dates of employment (month/year) of relevant work experiences, examples of leadership and commitment to the profession of nursing, and memberships in professional nursing organizations. List all relevant honors, awards, publications, research, etc.

**Foreign applicants:** Please submit a description of your clinical skills and experiences while in your educational program(s) and since being employed as a professional nurse.

The University of Pittsburgh has a firm commitment to affirmative action. Therefore, if there are aspects of your background which have not been addressed above or any specific information you feel should be considered, please enclose such information on separate paper.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_