

UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING
APPLICATION FOR DOCTORAL PROGRAM
(Please type or print all information)

NAME: \_\_\_\_\_ S.S.#: \_\_\_\_\_
Last First (middle/birth if applicable)

PERMANENT ADDRESS: \_\_\_\_\_ No. & Street
City County State Zip Code

LOCAL ADDRESS: \_\_\_\_\_ No. & Street
City County State Zip Code

Telephone:
Day: (\_\_\_\_) \_\_\_\_\_
Eve.: (\_\_\_\_) \_\_\_\_\_
Fax: (\_\_\_\_) \_\_\_\_\_
E-Mail \_\_\_\_\_

Professional Licensure (please enclose a notarized copy):
Current Number: \_\_\_\_\_
State or Country: \_\_\_\_\_

DEMOGRAPHIC INFORMATION: The demographic information collected on this side of the form is designed to provide the institution with ethnic, sex, disability, and citizenship data on all applicants. The data are used by the University to respond to requests from governmental agencies for aggregated summary information that must be provided by law. This information will not be used by the University in making admission decisions nor will the information on individual students be released outside the University without the written permission of the student.

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_ Male \_\_\_\_ Female ETHNIC STATUS: \_\_\_\_ Asian/Pacific Islander (2) \_\_\_\_ Hispanic (4)
\_\_\_\_ Black (1) \_\_\_\_ American Indian/Alaskan Native (3) \_\_\_\_ White (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

Only complete the next two questions if you will be under 21 years of age on the first day of classes in the term for which you are completing this application.

Is your father/guardian a resident of PA? \_\_\_\_ Yes (more than one year) \_\_\_\_ Yes (less than one year) \_\_\_\_ No
Is your mother/guardian a resident of PA? \_\_\_\_ Yes (more than one year) \_\_\_\_ Yes (less than one year) \_\_\_\_ No

APPLYING FOR: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_, (year) \_\_\_\_; Fulltime \_\_\_\_ Parttime \_\_\_\_
BSN-PHD TRACK \_\_\_\_ MSN-PHD TRACK \_\_\_\_

SPECIAL NON DEGREE SEEKING STUDENT:
Approval of the Doctoral Program Coordinator has been acquired: YES \_\_\_\_ NO \_\_\_\_

ESSAY: Please attach a brief essay (approximately 750 words) which describes your area of research interest and your possible research question(s). The applicant is not expected to have a research topic fully developed and may actually anticipate changing the research topic or interest based on experiences in the program. However, in order to adequately match student research interests with faculty expertise and resources available at the School of Nursing, your research interest is an important factor in your application.

**ACADEMIC RECORD:**

A. Institution Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Awarded & Date: \_\_\_\_\_

B. Institution Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Awarded & Date: \_\_\_\_\_

C. Institution Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Awarded & Date: \_\_\_\_\_

D. Institution Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree Awarded & Date: \_\_\_\_\_

If you are currently enrolled in another institution, please complete the following:

Institution: \_\_\_\_\_ Date Final Transcript Available: \_\_\_\_\_

**EMPLOYMENT RECORD:** (Beginning with current or most recent position):

Employer's Name	Location(city, state)	Position	Dates

**PUBLICATIONS AND PRESENTATIONS:**

- Please submit your curriculum vitae/resume or on separate paper list the following:
- Publications beginning with the most current and including authors, year, title, journal, volume number, and page numbers.
- Presentations beginning with the most current and including all presenters, title, conference title, city, and month presented.
- Honors and Awards

**REQUIRED ADMISSION TESTS:** (Must have been taken within the last 5 years. Scores should be submitted to the School of Nursing Student Services Office.)

Name of Test: \_\_\_\_\_ Date Taken/Plan to Take: \_\_\_\_\_

Name of Test: \_\_\_\_\_ Date Taken/Plan to Take: \_\_\_\_\_

**PROFESSIONAL EVALUATION INFORMATION:** Provide the following for the three persons who have been asked to complete the Professional Evaluation Form.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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 detail such information on separate paper.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_