



MASTER OF NURSING

University of Washington Bothell

Application for Admission to the UWB Master of Nursing Program

Please type or print neatly in ink your responses. Complete every question, even if the information requested is included elsewhere in this application packet. Sign and submit this form with all the accompanying documents.

Form with checkboxes for application status and student registration information.

A. Personal Information

Form for personal information including name, social security number, former names, and sex.

B. Contact Information

Form for contact information including mailing address, permanent address, cell phone, and emergency contact details.

C. Applicant Information

Form for applicant information including citizenship, residency, military status, and licensing details.

**D. Test Scores**

Test Name	Date Taken/To Be Taken	Score(s)
Graduate Record Exam (GRE)	<i>No longer required for application</i>	
TOEFL or TOEFLC (if applicable)		Score_____

**E. Statistics Course**

Course Number	Course Title (as it appears on transcript)		
School	Date completed/To be completed (mm/yy)	Grade	# of credits

**F. BSN Equivalency Petition** – RNs with non-nursing baccalaureate degrees are required to demonstrate competencies in community health nursing and professional leadership equivalent to those of a baccalaureate degree nursing graduate, and are required to submit a nursing equivalency petition or take the equivalent classes in the BSN program. (see section F of instructions)

- I have submitted a petition describing how I have acquired the content of community health nursing and professional leadership
- I have taken the equivalent courses from the UWB BSN program (*BNURS 409* and *BNURS 430* or an approved BHLTH Leadership course)

**G. Academic Background (List below all the schools of Nursing, Colleges, and Universities you have attended)**

Name of Institution	Location	Begin Date	End Date	Degree	Date of Degree	Major

**H. Experience Record** – In addition to submitting your current resume describing work experience and professional, volunteer, and community activities since graduating from nursing school, indicate below the approximate number of years in each of the following areas (leadership refers to such positions as Assistant Head Nurse, the equivalent, or higher)

Staff	Leadership	Teaching	Independent Practice
-------	------------	----------	----------------------

**I. References** – List the three persons who will submit references: one academic, one from a current clinical nursing supervisor, and a third reference, either academic or clinical. Current references preferred.

1. Name/Position \_\_\_\_\_ 2. Name/Position \_\_\_\_\_
3. Name/Position \_\_\_\_\_

**J. Statement of Goals** – Write a statement of goals relative to the objectives of the degree program. The statement should be a maximum of 3 typed pages. It will be used to evaluate your expectations and your ability in self-expression.

**All applicants: read the statement below, then sign and date (unsigned applications not accepted).**

In signing this form, I acknowledge that I have read and understand the enclosed information. Failure to submit complete and accurate information and all required documents may result in denial of admission or dismissal from the University. I understand that my UWB MN application and all accompanying documents, including transcripts, once submitted, become property of the UWB Nursing department and cannot be returned to me, and that I am advised to make a copy of my application and accompanying documents for my own records before submitting my application packet.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_