**Uniformed Services University Of The Health Sciences**
**Graduate School Of Nursing**

4301 Jones Bridge Road
Bethesda, MD 20814-4712

# Application For Admission To The PhD Program

## Applicant *(Type in all information)*

Reset Form

| Date of Application | Desired Date of Entry | Rank or GS Level | GS Level<br>☐ Ph.D<br>☐ Full-Time<br>☐ Part-Time |
|---|---|---|---|
| Last Name | First Name | Middle Name | |

| Mailing Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Home Phone | | Home Email Address | | Gender<br>☐ Male<br>☐ Female |
|---|---|---|---|---|
| Work Phone | | Work Email Address | | |

| Branch of Service:<br>☐ Army<br>☐ Air Force<br>☐ Navy<br>☐ USPHS<br>☐ Other Federal Agency (list)<br>_____ | U. S. Citizen ☐ Yes ☐ No | State of Legal Residence |
|---|---|---|
| | SSN (See Privacy Act Statement) | Date of Birth |
| | Nursing License<br>State | License Number |

| Indicate Racial/Ethnic Background (For Profile Purposes Only – Response Optional) | |
|---|---|
| ☐ American Indian or Alaskan Native | ☐ Native Hawaiian or Other Pacific Islander |
| ☐ Asian (not of Hispanic origin) | ☐ White (not Hispanic origin) |
| ☐ Black/African American (not of Hispanic origin) | ☐ Race/Ethnicity Unknown |
| ☐ Hispanic or Latino | |

| Have you taken the Graduate Record Examination (GRE) within the past 5 years?<br>USU GRE School Code 5824 Department Code 0610<br>*Information on the GRE can be found at www.gre.org /splash.html* | ☐ Yes ☐ No |
|---|---|
| Date GRE Taken | *Note: The GRE is usually taken within 5-7 years of application.* |

Please have your GRE scores sent to:

**Registrar, Graduate School of Nursing**
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Building E, Room 1045
Bethesda, Maryland 20814-4712

| Check the Appropriate | Yes | No | If Yes, please specify |
|---|---|---|---|
| Have you previously applied for admission to graduate study at USUHS?<br>■ What academic year?<br>■ What was the result? | ○ | ○ | |
| Have you previously attended another PhD program?<br>■ What academic year?<br>■ If so, why are you requesting a transfer? | ○ | ○ | |
| Have you ever withdrawn or repeated a term in any college or university? | ○ | ○ | |
| Have you ever been dismissed from/denied readmission to any college or university? | ○ | ○ | |

**Post Secondary Education: Please list all institutions attended after high school**

| Institution | Dates of Attendance | | Major | Degree Earned or # Credits Earned | Date |
|---|---|---|---|---|---|
| | From | To | | | |
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Please have your original transcripts sent to:

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**Professional Experience:** In chronological order, list employment since completing nursing school, including part-time. Describe any periods of time since nursing school, three months or longer in duration, that are not accounted for. Use an additional sheet, if necessary. Attach CV at end of application.

| Employer | Position | Dates | |
|---|---|---|---|
| | | From | To |
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**Professional Certifications**

| Type of Certification | Certifying Organization | Major | Degree Earned or # Credits Earned | Date |
|---|---|---|---|---|
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**List memberships and/or offices held in Honor Societies and Professional/Civic organizations. List any honors received.**

Sigma Theta Tau ☐ Yes ☐ No

**Research & Publications**

| Title of Research/Publication | Date Conducted or Published | Role in the Project/Publication |
|---|---|---|
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**REFERENCES:** Three references are required. In general, it is recommended that references be obtained from those persons who are academically prepared at the PhD level and who can objectively comment upon the applicant's academic performance, work and/or professional performance.

| **Please provide the following information concerning your references** | | | |
|---|---|---|---|
| Name | Institution | Department | Date of Request |
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**PERSONAL STATEMENT:** All applicants must complete a personal statement (see next page).

**Privacy Act Statement:** The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance:

1. The collection of information about applicants is authorized by Title 5 USC 301; Public Law 92-426; and Executive Order 9397.

2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicant's records.

3. Routine uses of this information will include, in addition to admission decisions, related research and statistical endeavors designed to improve the admissions process.

4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete certain sections of this form may delay processing and/or increase the probability of accidental mishandling of applications.

I have read and understand the instructions (including Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature: _____ Date: _____

## PERSONAL STATEMENT FOR PhD PROGRAM

| Date | Social Security Number | |
|---|---|---|
| Last Name | First Name | Middle Name |

**DIRECTIONS:** Write a short essay addressing your short-term and long-term goals in nursing. Please include your PhD research interests. Expand upon the experiences, past and present, which have influenced your decision to pursue a PhD education in nursing.

*Please type double spaced, and do not exceed two typewritten pages.*

*Please continue essay on the next page.*

## PERSONAL STATEMENT FOR PhD PROGRAM

| Date | Social Security Number | |
|---|---|---|
| Last Name | First Name | Middle Name |

*Please type double spaced, and do not exceed two typewritten pages.*

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