

**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)*

Date of Application	Desired Date of Entry	Rank or GS Level	GS Level
Last Name	First Name	Middle Name	Ph.D Full-Time Part-Time
Mailing Address	City	State	Zip Code

Home Phone	Home Email Address	Gender
Work Phone	Work Email Address	
		Male Female

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

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

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

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?  <input type="checkbox"/> What academic year? <input type="checkbox"/> What was the result?			
Have you previously attended another PhD program?  <input type="checkbox"/> What academic year? <input type="checkbox"/> 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Have you ever withdrawn or repeated a term in any college or university?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			

Please have your original transcripts 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

**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

**Professional Certifications**

Type of Certification	Certifying Organization	Major	Degree Earned or # Credits Earned	Date

**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

**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

Please have your original transcripts sent to:

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 Uniformed Services University of the Health Sciences  
 4301 Jones Bridge Road  
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 Bethesda, Maryland 20814-4712

**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 D\8 research interests. Expand upon the experiences, past and present, which have influenced your decision to pursue a D\8 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.*

***(Continued from the previous page.)***