

**University of Hawaii at Manoa  
School of Nursing & Dental Hygiene  
APPLICATION FOR PhD IN NURSING**

**PhD Application**

**COMPLETE AND RETURN TO:**  
School of Nursing & Dental Hygiene  
Office of Student Services  
2528 The Mall, Webster 201  
Honolulu, HI 96822

**SEMESTER ENTERING**  
FALL 20\_\_\_\_\_

**NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**MILITARY:** (If applicable)

\_\_\_ Active Military

\_\_\_ Military Dependent

**SOC. SEC. NO:** \_\_\_\_\_

**PLACE of BIRTH:** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ (home)

\_\_\_\_\_

**PHONE:** \_\_\_\_\_ (cell or work)

\_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**ENROLLMENT:** \_\_\_ Full-time (8 credits or more) \_\_\_ Part-time (7 credits or less)

**COLLEGES OR UNIVERSITIES ATTENDED:**

Name of College/University	From-To	Major	Degree Rec'd/Date
1. _____			
2. _____			
3. _____			
4. _____			

**RESIDENCY:** Hawai'i: \_\_\_ Yes \_\_\_ No If no, of what state or country are you a legal resident? \_\_\_\_\_  
How many years? \_\_\_\_\_  
(Optional)

**ETHNICITY:** \_\_\_ African American \_\_\_ Chinese \_\_\_ Japanese \_\_\_ Caucasian \_\_\_ Filipino \_\_\_ Korean  
\_\_\_ Hispanic \_\_\_ Hawaiian, Pt. Haw'n \_\_\_ Samoan \_\_\_ Other (Write in) \_\_\_\_\_

**RESEARCH FOCUS:**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*The School of Nursing and Dental Hygiene reserves the right to change, delete, or supplement the areas of concentration offered by the Graduate Program in Nursing.*

**REMINDER: A SEPARATE APPLICATION MUST BE SUBMITTED TO THE GRADUATE DIVISION. This is also available online at [www.hawaii.edu/graduate](http://www.hawaii.edu/graduate) and click on "Apply Online".**

ossa.grad.formstabl.msprmcapp.300, 6/07