

**Complete application and
RETURN TO:** UHM School of
Nursing Office of Student Services

2528 The Mall, Webster 201
Honolulu, HI 96822

**University of Hawai'i at Manoa
School of Nursing Application**

Masters Entry Program in Nursing

Semester Entering:

Fall 2010

NAME: _____ BIRTHDATE: ___/___/___ SEX: ___F ___M
First Middle Init. Last

SOC. SEC. NO.: _____ - _____ - _____ PLACE OF BIRTH: _____

ADDRESS: _____ HOME: _____ MILITARY: (if applicable)
 _____ MOBILE: _____ Active Military
Number and Street _____ FAX: _____ Military Dependent
 _____ EMAIL: _____
City/Province State/Country Zip code

Colleges or Universities Attended

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

Residency: Hawaii: _____ Yes _____ No If no, of what state or country are you a legal resident? _____
 How many years? _____

Ethnicity: ___ African American ___ Caucasian ___ Chinese ___ Japanese ___ Filipino ___ Korean ___ Hispanic
 (Check all that apply) ___ Hawaiian/Pt. Hawaiian ___ Samoan ___ Other _____

Fulfillment of Prerequisite Requirements: (Please check each area)

Yes	Date completed	No	If "No", Please explain
<input type="checkbox"/>	_____	<input type="checkbox"/>	BS/BA degree _____
<input type="checkbox"/>	_____	<input type="checkbox"/>	Cum GPA of 3.0 _____
<input type="checkbox"/>	_____	<input type="checkbox"/>	1 year of Anatomy/ Physiology _____
<input type="checkbox"/>	_____	<input type="checkbox"/>	Microbiology _____
<input type="checkbox"/>	_____	<input type="checkbox"/>	Statistics _____
<input type="checkbox"/>	_____	<input type="checkbox"/>	GRE _____
<input type="checkbox"/>	_____	<input type="checkbox"/>	*Interview with Faculty _____

*Applicants are evaluated and ranked based on requirements listed. Those with highest overall ranking will be contacted for an interview with the faculty in your specialty area. This must be completed before you can be considered for admission.

Area of Concentration for Graduate Study: (Please check one)

Nursing Practitioner:

- Adult Nurse Practitioner
- Family Nurse Practitioner
- Geriatric Nurse Practitioner
- Pediatric Nurse Practitioner
- Adult /Geriatric Nurse Practitioner

Clinical Nursing Specialist:

- Adult Clinical Nurse Specialist
- Advanced Public Health Nurse

Date: _____ Signature: _____

The School of Nursing 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