



SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

APPLICATION FOR ADMISSION

DOCTORAL PROGRAM
GRADUATE PROGRAMS
BACCALAUREATE PROGRAMS



DEADLINE FOR APPLICATIONS

Graduate programs

August 15 for Fall Term

December 15 for Spring Term

April 15 for Summer Term

December 1 for Nurse Anesthesia

Accelerate BSN program

Fall Term August 1st

Spring Term December 1st

Summer Term April 1st

Clinically Connected.
Research Driven.

sn.umdj.edu

APPLICATION PLEASE PRINT OR TYPE

UMDNJ-SN does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.

BIO-DEMOGRAPHICS:

Enter your current full legal name and previous legal name, if applicable. Ensure that your full legal name is on all application materials. If transcripts are under a different name please have current and previous names submitted with transcript.

Social Security Number _____ / _____ / _____

Last Name _____ First Name _____ MI _____

Previous Last Names _____

E-Mail Address _____

Permanent Address: (indicates your place of permanent residency)	Current Address: (where you prefer correspondence to be mailed)
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
If NJ Resident: County? _____ How long? _____	If NJ Resident: County? _____ How long? _____
Home/Cell Phone _____ Business Phone _____	Home/Cell Phone _____ Business Phone _____

If your mailing address is likely to change during the admissions process, a permanent address may be better to use.

*GENDER, BIRTH DATE AND ETHNICITY

* Responses to Gender, Birth Date and Ethnicity and Race are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application

Gender: M F Both Birth Date _____ / _____ / _____

Please Complete both Part I and Part II:

Part I - Ethnicity : Select one

- Hispanic or Latino
 Not Hispanic or Latino

Part II - Race : Select one or more

- American Indian or Alaska Native Asian White
 Black or African American Native Hawaiian/Other Pacific Islander

CITIZENSHIP:

Documentation of non-immigrant status must be provided. If you are not a United States citizen, record the country in which you are a citizen and indicate the type of US visa you now hold: (ex. F1 student, J1 exchange visitor, etc...) Permanent residents or naturalized citizens must present their original Permanent Resident Card (Green Card), US Passport or Naturalization Certificate to a member of the Office of Enrollment Services for proper verification. Copies will not be accepted as original verification. (Only out of state students will be allowed to present this documentation at a later date).

US Citizen: Yes No Refugee Permanent Resident Alien Reg. Number _____ Exp. Date _____

Country of Citizenship (If not U.S.) _____ Place of Birth: City/Prefecture _____

Visa Classification: B2 F1 F2 J1 J2 H1 H4 TN Other Exp. Date _____

ACADEMIC HISTORY:

List all colleges, universities and institutions attended. For undergraduate programs list high school attended or GED.
List most recent first and use additional pages if necessary. Supporting documentation should be forwarded. (See instructions on page 4)

Name _____ Location _____ Degree _____ Dates __/__/__ - __/__/__

Name _____ Location _____ Degree _____ Dates __/__/__ - __/__/__

Name _____ Location _____ Degree _____ Dates __/__/__ - __/__/__

WORK HISTORY:

Veteran of the Armed Forces? No Yes Vet. File No. _____ Dates of Service _____

Current Employer and Address: _____

Start Date __/__/__ Is position health related? No Yes Title: _____

(List past employer(s) on a separate sheet of paper.)

How did you learn about UMDNJ-School of Nursing? _____

Term/Year of planned enrollment: Spring _____ Summer _____ Fall _____

Have you previously applied to SN? No Yes If yes, which program? _____

Applying for Readmission? No Yes

Campus: Newark or Stratford

Status: Full-time Part time Non-matriculated (MSN Applicants Only)

RN License # (if applicable) _____ State _____ Expiration Date _____

Have you applied for reciprocity? Yes No

SELECT PROGRAM OF INTEREST

BACHELORS DEGREE

Accelerated BSN (NR2D)

MASTERS DEGREE

- Advanced Community Health Leadership (MSN-ACHN)
- Clinical Leadership (MSN-CLDR)
- Nurse Anesthetist (MSN-NA)
- Nursing Education (MSN-NUED)
- Nursing Informatics (MSN-NI01)

Nurse Practitioner

- Acute/Critical Care NP (MSN-ACC1)
- Adult Health NP (MSN-AHO1)
- Dual - Adult Health and Geriatric Nurse Practitioner (MSN-AGNP)
- Family Health NP (MSN-FHO1)
- Geriatric Health NP (MSN-GNP)
- Nurse Midwifery (MSN-NMID)
- Psychiatric & Mental Health NP- Adult Focus (MSN-MHO1)
- Women's Health NP (MSN-WHO1)
- Dual - Women's Health and Adult Nurse Practitioner (WHO1/AHO1)
- Dual - Women's Health and Gerontology Nurse Practitioner (WHO1/GNP)
- Dual - Women's Health and Nurse Midwife (WHO1/NMID)

Clinical Nurse Specialists

Psychiatric & Mental Health - Child & Adolescent (MSN-MHCA)

- Master's Completion (MSN-MC01)
- Transition
- MSN/MPH Dual Degree Program*

POST MASTERS CERTIFICATE

- Acute/Critical Care (PMC-ACC1)
- Adult Health (PMC-AHO1)
- Family Health (PMC-FHO1)
- Geriatric Health (PMC-GNP)
- Nursing Informatics (PMC-NI01)
- Psychiatric & Mental Health - Adult Focus (PMC-MH01)
- Psychiatric & Mental Health - Child & Adolescent (PMC-MHCA)
- Nurse Midwifery (PMC-NMID)

DOCTORAL DEGREE

Doctor of Nursing Practice (DNP)

- Direct-Aggregate Care (DNP-DIRA)
- Direct-Patient Care (DNP-DIRP)
- Indirect-Exec Leadership (DNP-INDR)

* Joint program with UMDNJ - School of Public Health
Must apply to both programs.

I understand that, as a condition of admission, I may be required to authorize UMDNJ to obtain criminal background check(s). I may also be required to obtain a background check myself or authorize clinical training facilities to conduct this check, and to permit the results to be provided by the reporting agency to UMDNJ and/or to clinical facilities. If I am offered admission, the offer will not be considered final until completion of my background check, with results deemed favorable by UMDNJ. If the results of the background check(s) are not deemed favorable by UMDNJ or by the clinical facility(ies), or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, the admission may be denied or rescinded or I may be dismissed. I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, discipline, dismissal or revocation of degree. In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character. **I have read and understand the statement of essential functions for the School and/or specific program(s) located at <http://sn.umdj.edu>, which all students must satisfy for the course of study to which I am applying.** If I require any accommodations in order to satisfy these standards, I agree to request accommodations in writing promptly after admission. I understand that the School of Nursing will evaluate the reasonableness of the accommodation before acting on the request. The Disabilities Compliance Coordinator may be reached at (973) 972-8594.

Date _____ Signature of Applicant _____

INSTRUCTIONS

APPLICATION FEE:

A \$50 non-refundable application fee is required to be submitted with this application to: UMDNJ-SN Office of Enrollment Services, 65 Bergen Street, Room #149, Newark, NJ 07107-3001.

If you apply to more than one program, add an additional \$50 for each program. All documents and fees must be submitted by the program deadline to be considered.

DOCUMENTATION

REQUIREMENTS:

Request your college registrar to forward an OFFICIAL COPY of your transcript to the School of Nursing (SN). If you have attended an educational institution in a foreign country, you are also required to have the transcript(s) evaluated by a transcript evaluation service (ie. World Education Services). Request that a copy of this evaluation be sent directly to SN. Submit your international transcript with a certified English translation if the original is not in English. If you are currently involved in course work, you should list these courses and submit documentation of your registration. Send all documentation to: UMDNJ-SN Office of Enrollment Services, 65 Bergen Street, Room #149, Newark, NJ 07107-3001.

TESTING & TRANSCRIPT EVALUATION AGENCIES

Commission On Graduates Of Foreign Nursing School International Commission On Healthcare Professions

3600 Market Street, Suite 400
Philadelphia, PA 19194-2651
(215) 222-8454

Test Of English As A Foreign Language (TOEFL)

TOEFL Services-ETS, PO Box 6151
Princeton, NJ 08541-6151
(609) 771-7100 www.TOEFL.org
School Code 2621

World Education Services, Inc.

Bowling Green Station, PO Box 5087
New York, NY 10274-5087
1-800-937-3895
www.wes.org - Email: info@wes.org

ACCELERATED BSN ADMISSION REQUIREMENTS

1. Transcripts documenting graduation from a regionally accredited U.S. or equivalent college or university with a bachelor's degree or higher; and, all transcripts of all colleges/universities previously attended. Students who are not graduates of a College or University in the United States must provide an evaluation by a Transcript Agency. (See listing).
2. A minimum cumulative grade point average of 3.0 from a regionally accredited baccalaureate institution.
3. Prerequisite Science courses (Anatomy and Physiology I & II with lab [8 credits], microbiology with lab [4 credits] and chemistry with lab [4 credits])
 - must be completed within 5 years of admission
 - a minimum cumulative grade point average of 2.75
4. Prerequisite Psychology [3 credits], sociology [3 credits] and statistics [3 credits]
 - must be completed within 10 years of admission
5. A personal statement of goals and objectives.
6. Three letters of recommendation.
7. A minimum score of 95 out of 120 (internet-based) on the Test of English as a Foreign Language (TOEFL) for applicants who are not graduates of a U.S. college or university
8. Evidence of current American Heart Association Basic Life Support for Health Care Provider certification for Adult, Child, Infant and Automated External Defibrillator (AED) or American Red Cross certification for Adult, Child, Infant and Automated External Defibrillator (AED)

MSN PROGRAM ADMISSION REQUIREMENTS


1. Transcripts documenting graduation from a National League for Nursing Accrediting Commission (NLNAC) or Commission on Collegiate Nursing Education (CCNE) accredited baccalaureate degree nursing program, or transcripts documenting graduation from an NLN accredited diploma or associate degree nursing program with a non-nursing baccalaureate degree, and all transcripts of all colleges/universities previously attended. Students who are not graduates of a College or University in the United States must provide an evaluation by a Transcript Agency. (See listing).
2. Evidence of successful completion of the UMDNJ-SN Transition Program for applications with non-nursing baccalaureate degrees.
3. Transcripts documenting a minimum 3.0 cumulative grade point average on all undergraduate coursework.
4. Current licensure as a Registered Nurse in New Jersey.
5. Completion of a Basic Statistics course including inferential and descriptive statistics with a minimum grade of "C".
6. Completion of a Baccalaureate – Level Basic Health Assessment course.
7. Evidence of current American Heart Association Basic Life Support (BLS) certification for Adult, Child, Infant and AED.
8. Two professional letters of recommendation supporting the applicant's potential success in the MSN program (neither from friends nor family members).
9. For all applicants who are not graduates of a US college/university, a minimum score of 95 out of a possible 120 (internet-based) on the Test of English as a Foreign Language (TOEFL).
10. Evidence of one year recent experience as a Registered Nurse prior to entry into the clinical practicum courses.

MSN Non-matriculated applicants. Visit <http://sn.umdj.edu>

DOCTORAL PROGRAM ADMISSION REQUIREMENTS

For additional DNP program application requirements visit <http://sn.umdj.edu>

FOR OFFICE USE ONLY:

PROGRAM _____	TERM _____	YEAR _____
DATE SENT TO DEPARTMENT _____		 SCHOOL OF NURSING <small>University of Medicine & Dentistry of New Jersey</small>
ACCEPT _____	REJECT _____	
NOTES/COMMENTS _____ _____ _____		
TRACK COORDINATOR SIGNATURE _____		DATE _____

In compliance with the Crime Awareness and Campus Security Act of 1990, the annual UMDNJ security report is available from: UMDNJ Public Safety Department, 30 Bergen St., Room 520-B, Newark, NJ 07107-3001 (Revised 7/04)