

UNIVERSITY OF WISCONSIN OSHKOSH
COLLEGE OF NURSING
GRADUATE PROGRAM

Supplementary Application Information

This form provides the College of Nursing with additional information and does not take the place of the Graduate Application form.

Name _____ Date _____

Address _____

Email _____ Phone: (day) _____ (evening) _____
(home or work) (home or work)

Emphasis: Family Nurse Practitioner GAP Educator Clinical Nurse Leader

1. Indicate whether you plan to attend: Full-time Part-time

2. State(s) in which you hold current licensure as a registered nurse: _____

Wisconsin RN License number: _____ Expires: _____

3. Have you taken a basic health assessment course? Yes No

If **yes**, list title of course _____

Name of institution _____

Year _____ Credits _____ Grade _____

If you have not successfully completed a Health Assessment course within 2 years of admission to the program, you need to take a 3 credit basic Health Assessment course approved by the College of Nursing Graduate Program. You also can enroll in Nursing 605 – Health Assessment (after being accepted into the program) or successful test out (written and performance) in the May interim prior to enrollment. A fee is charged for the testing process.

4. Have you taken a basic statistics course in the last 5 years? Yes No

If **yes**, list title of course _____

Name of institution _____

Year _____ Credits _____ Grade _____

If **no**, how and when do you plan to meet this prerequisite? _____

5. List the professional associations to which you belong:

6. List the professional journals to which you subscribe or read regularly:

7. **Attach resume or curriculum vitae.**

8. **Attach an essay describing what you have done to prepare yourself for graduate study; why you are applying to this particular program; and what are your career goals post-MSN (approx. 250 words)**