



# Application for Admission to the UWT Master of Nursing Program

Please type or print. Complete every question, even if information requested is included elsewhere in this application packet.  
All shaded areas are for office use only.

<input type="checkbox"/> This is my first application to the UWT MN program. <input type="checkbox"/> I have previously applied for admission to the UWT MN program: Year _____ <input type="checkbox"/> Admitted <input type="checkbox"/> Not Admitted		1. Indicate year and quarter you wish to enter: (check one box only) <input type="checkbox"/> Autumn (Sept) <input type="checkbox"/> Spring (Mar) <input type="checkbox"/> Winter (Jan) <input type="checkbox"/> Summer (June) Year <b>20</b> <input type="text"/> <input type="text"/>																															
2. Legal Name (last, first, middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.																																	
3. U.S. Social Security number <sup>1</sup> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		4. Former name(s): If your first or last name has changed, indicate your former full name																															
5. Washington State RN License No. _____ Exp. date _____		6. Date of birth (month/day/year) _____																															
7. City and state of birth (include country if other than U.S.) _____																																	
8. Mailing address (street and number) _____ (city) _____ (state) _____ (ZIP) _____																																	
9. Phone number (home) _____ (work) _____ ( ) ( )		10. E-mail address _____																															
11. Permanent address (street and number) _____ (city) _____ (state) _____ (ZIP) _____																																	
12. Are you a UW or state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 14)		13. Do you plan to attend under a tuition exemption program? <input type="checkbox"/> Yes (if yes, which program?) : <input type="checkbox"/> Faculty/staff <input type="checkbox"/> State employee <input type="checkbox"/> No																															
14. Are you a veteran of the United States armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Are you a resident of Washington state? <input type="checkbox"/> Yes (go to 16) <input type="checkbox"/> No (skip to 17)																															
16. What is the length of time of your latest period of residence in Washington? (You must answer this question if claiming residency.)		From (month/year) to (month/year)																															
17. Are you a U.S. citizen? <input type="checkbox"/> Yes (go to 20) <input type="checkbox"/> No (go to 18)		18. What is your country of citizenship? _____																															
19. What is your status in the U.S.? <input type="checkbox"/> Immigrant/permanent resident <input type="checkbox"/> Refugee <input type="checkbox"/> Nonimmigrant		20. Alternate contact (Name/address/phone) _____																															
21. Department code <b>Z-T NURS</b>		22. Study option: (choose one) <input type="checkbox"/> Communities, Populations and Health <input type="checkbox"/> Health Care Leadership and Management <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Independent Study																															
23. List all higher education institutions you have attended, including the University of Washington, in the order you attended them. See the Graduate School Application for school codes. (No omissions. Attach separate sheet if necessary.)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;">School name</th><th style="width: 15%;">Location City State</th><th style="width: 15%;">Dates attended From To</th><th style="width: 15%;">Degree received or expected</th><th style="width: 20%;">Date degree received or expected (mo./year)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				School name	Location City State	Dates attended From To	Degree received or expected	Date degree received or expected (mo./year)																									
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24. GPA of most recent 90 quarter or 60 semester credits: _____		25. Have you ever been registered at any campus of the University of Washington as a: <input type="checkbox"/> Graduate nonmatriculated (GNM) <input type="checkbox"/> Graduate student <input type="checkbox"/> Undergraduate student If so, UW Student # _____																															
26. Have you taken or do you plan to take any of the following test? <input type="checkbox"/> Graduate Record Exam If scheduled but not taken yet: Date _____ Score _____ Scheduled date _____ Confirmation No. _____																																	
1 The Taxpayer Relief Act of 1997 enacted two new sections (25A and 6055) for inclusion in the IRS code. Section 25A provides for Hope and Lifetime Learning Credits, which allow persons enrolled in higher education classes to use part of their tuition payments as credits against their taxes. Section 6055 requires all educational institutions to make a return to the Internal Revenue Service regarding each individual for whom it receives tuition. The return must show the SSN of the student, as well as other information. Applications without a SSN will be considered incomplete and will not be reviewed for admission. At the UW, your SSN is used to match your admission test scores with your application and to match your financial aid application with your admission application. To avoid complications and a delay in financial aid notification, make sure your name and SSN are identical on your financial aid and admission applications. Protecting the release of student information will be in accordance with all appropriate state and federal laws.																																	
<b>Signature</b> In signing this form, I acknowledge that I have read and understand the enclosed information. I have read and agree to adhere to the Essential Behaviors. Failure to submit complete and accurate information and all required documents may result in denial of admission or dismissal from the University.  Signature of Applicant _____ Date _____																																	

## Request for Recommendation

Please type or print clearly. This form may be duplicated as needed.

Applicant name: \_\_\_\_\_

**TO THE RECOMMENDER:**

The applicant named above is applying for admission to the UW Tacoma Master of Nursing program. As a part of the application process, performance in several areas is assessed. We appreciate your responses to the questions below, as this recommendation is an important part of the application file. This recommendation will be available to the student if the student is admitted and registered at the University unless the student waives such right to review below.

Please describe the applicant's performance by checking one appropriate space for each area of performance.

	Excellent	Above Average	Average	Below Average	Not Known
Ability as a scholar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical nursing competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching potential or ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory potential or ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality, integrity and ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall competence in own specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**With respect to admission of this applicant, I (check one):**

- ☐ strongly recommend the applicant for admission without reservation.  
☐ recommend the applicant for admission.  
☐ recommend the applicant with some reservation.  
☐ do not recommend the applicant for admission.

If you have knowledge of the applicant's academic history, please comment on the applicant's ranking in the graduating class.

- ☐ Top 1%    ☐ Top 5%    ☐ Top 10%    ☐ Other \_\_\_\_\_

Please add other comments as desired on the back of this sheet; attach additional pages as needed.

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Company \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Years known \_\_\_\_\_

**Return to:**

University of Washington Tacoma  
 Attn: MN Admissions  
 1900 Commerce Street  
 Tacoma, WA 98402-3100

**or fax:**

(253) 692-4424

**TO THE APPLICANT:**

Under provisions of Public Law 93-380, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at the University of Washington) has the right to review recommendations made in his or her behalf unless the student waives this right at the time the recommendation is solicited. If you wish to waive your right to review this recommendation, please indicate by signing here:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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