



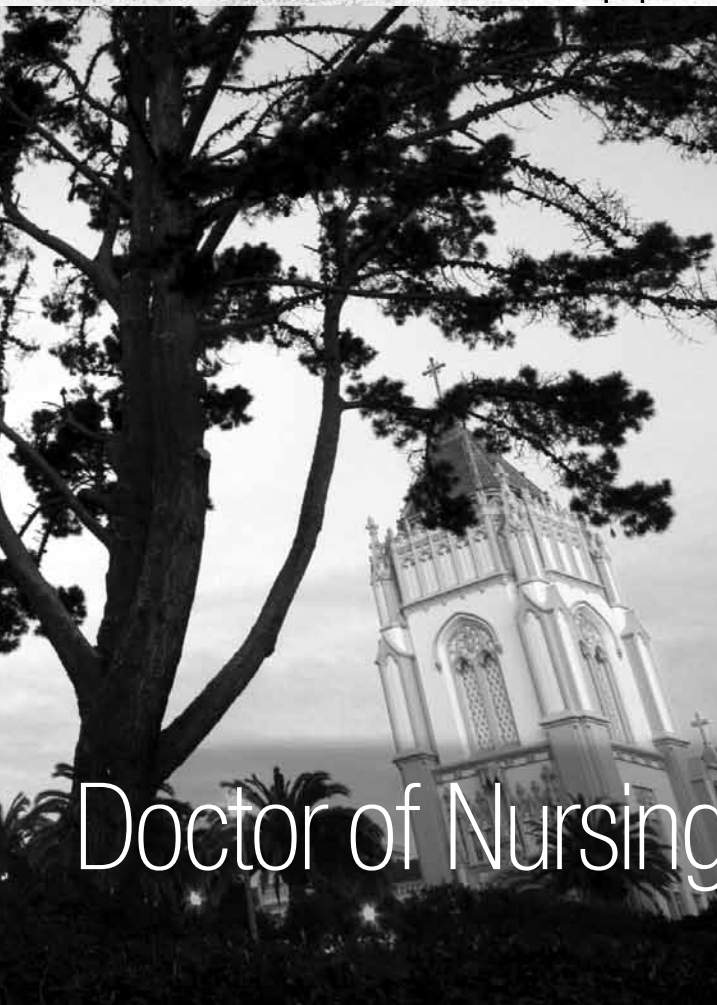
UNIVERSITY of
SAN FRANCISCO

University of San Francisco

nursing

application for admission

Doctor of Nursing Practice





Application for Graduate Admission Doctor of Nursing Practice

Who May Apply

Nurses with either the BSN or those who have already earned the MSN (or equivalent) can pursue the DNP degree. The program of study is designed to be responsive to the educational and practical preparation of the student. For students with the MSN (or equivalent), post-master's course work will complete the DNP degree.

A minimum GPA of 3.0 overall is required for admission to the School of Nursing.

DNP Program Tracks

BSN to DNP/Family Nurse Practitioner (NUDC)

BSN to DNP/Healthcare Systems Leadership (NUDD)

MSN/CNL to DNP/Family Nurse Practitioner (NUDA)

MSN/CNL to DNP/Healthcare Systems Leadership (NUDB)

MSN to DNP/Family Nurse Practitioner (NUDF)

MSN to DNP/Healthcare Systems Leadership (NUDS)

Master's to DNP/Executive Leadership (NUDL)

When to Apply

Admission is highly competitive for DNP programs. Applications are reviewed by the DNP Admissions Committee only after all required materials have been received. Admissions for the BSN-DNP programs are due June 15th for the Fall semester. Post-Master's DNP applications are due June 15th for Fall semester and October 15th for Spring semester. EL-DNP applications are due November 15th for the Spring semester.

PRIORITY DEADLINES ARE AS FOLLOWS:

June 15 for programs beginning in the Fall

October 15 for programs beginning in the Spring

November 15 for Executive Leadership program beginning in the Spring

Application Instructions

You can apply online at www.usfca.edu/grad/applyonline. Mail your other application items to the Office of Graduate Admission.

Application Form and Fee

Submit the form and application fee (\$55; payable to the University of San Francisco) online or by mail. **Submit this form as early as possible in the application process.**

Official Transcripts

Submit one copy of official transcripts from the college or university where the highest nursing degree was obtained. Additionally, please submit one copy of official transcripts from the college or university where you earned your Master's degree if different from where the nursing degree was obtained.

A Résumé

Include a résumé of your work experience, educational background, and professional activities, as well as any outside interests you would like to have considered.

A Statement of Goals

Submit a 1 to 3 page document that describes your reasons for pursuing a doctoral degree, and specifically why you are applying to the DNP program at the University of San Francisco. The statement should describe your future plans for application of graduate-level knowledge and skills.

Letters of Recommendation

Submit three letters of recommendation (academic or professional preferred; e.g. professor or work supervisor).

International Students

(Not a Citizen or Permanent Resident of the U.S.)

Nonimmigrant students must include a foreign mailing address. In addition to the documents listed under "Application Instructions," International Students need to submit the following:

Official Academic Records

Submit official academic records from all university-level institutions attended.

English Proficiency Examination

Submit official TOEFL examination scores. A minimum score of 600 (Paper Test), 100 (IBT), or 7.0 (IELTS) is required. USF will also accept the Pearson Test of English (PTE).

Certification of Finances

(Please Read Carefully)

International applicants who require an F-1 student visa must demonstrate that they (and/or other sponsors) can fund all or a significant amount of their educational and living expenses in the United States. To do this, the **Certification of Finances** form must be completed and submitted along with bank statements. If you cannot complete the Certification, then please do not apply to this graduate program.

Please Note: If funding from your sponsor(s) requires that you first be admitted to the university's graduate program, then your application will be considered if you attach a note to your application indicating that your Certification of Finance is to come. After you receive your admission decision letter, you will want to complete and send your verified Certification of Finances to USF.

Passport

Please upload a copy of your passport.

Other Information

Applicants to the DNP program must provide a RN license number.

Financial Assistance

For information concerning financial assistance programs available to applicants to the School of Nursing and Health Professions, please contact the USF One Stop Enrollment and Financial Services Office: University of San Francisco, One Stop Services, 2130 Fulton Street LM 251, San Francisco, CA 94117-1080, (415) 422-2020, email: onestop@usfca.edu.

Submit All Application Items to:

Office of Graduate Admission
University of San Francisco
2130 Fulton Street
San Francisco, CA 94117-1046

Once your application form is processed by the Office of Graduate Admission, you will be sent a user name and password so that you may check your application status online. Or check your application status by contacting Graduate Admission at graduate@usfca.edu or at 415.422.6613.



University of San Francisco Application for Graduate Admission

Please submit this form as early as possible in your application process.

FIRST STEP: Your full name should be identical and provided on all of your application items, along with the name of your graduate program and birthdate (except on test scores). International applicants should give their name as listed on their passport. If your name is not identical on all items, please notify the Office of Graduate Admission at graduate@usfca.edu or 415.422.6613 to describe any other version of your name and on which application item(s) it appears.

Program Information

OPTIONAL U.S. SOCIAL SECURITY NO. (FOR U.S. CITIZENS AND PERMANENT RESIDENTS): _____ — _____ — _____

Please refer to the Graduate Programs and Codes sheet located on the back cover to indicate to which program you are applying.

DEGREE: _____ PROGRAM: _____

PROGRAM CODE: _____ EMPHASIS (IF APPLICABLE): _____

TERM AND YEAR: _____ CAMPUS LOCATION: _____

Are you applying for a Joint Degree program? If so, indicate your program here _____

Are you currently enrolled in a USF graduate program? If so, indicate your program here _____

Personal Information

Legal Name _____
LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE/ADDITIONAL NAME

OTHER NAMES YOU MAY USE WHICH APPEAR ON SUPPORTING DOCUMENTS _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

Present Mailing Address

STREET ADDRESS _____

Effective Until: _____
CITY STATE ZIP OR POSTAL CODE

COUNTRY _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

Permanent Mailing Address (if different from above)

STREET ADDRESS _____

Please provide a permanent mailing address, phone, and email address where you can be reached at any time of the year – including summer months.
CITY STATE ZIP OR POSTAL CODE

COUNTRY _____

PHONE: _____ EMAIL: _____

Names of Recommenders

LAST/FAMILY NAME FIRST/GIVEN NAME

LAST/FAMILY NAME FIRST/GIVEN NAME

LAST/FAMILY NAME FIRST/GIVEN NAME

LAST/FAMILY NAME FIRST/GIVEN NAME

Optional Statistical Information

Religious affiliation (Optional):

- BUDDHIST
 HINDU
 JEWISH
 MUSLIM
 PROTESTANT
 ROMAN CATHOLIC
 NO RELIGION
 OTHER (PLEASE SPECIFY) _____

Ethnic background (Optional):

Please indicate whether you consider yourself to be Hispanic/Latino:

- NOT HISPANIC or LATINO
 HISPANIC or LATINO
 CUBAN
 MEXICAN
 PUERTO RICAN
 SOUTH AMERICAN (EXCEPT BRAZILIAN)
 SPANIARD
 OTHER SPANISH CULTURE OR ORIGIN: _____
 PREFER NOT TO DISCLOSE

Racial background (Optional):

In addition, select one or more of the following categories to describe yourself:

- NATIVE AMERICAN or ALASKA NATIVE
 ASIAN
 CHINESE
 FILIPINO
 JAPANESE
 KOREAN
 SOUTHEAST ASIAN
 INDIAN
 PAKISTANI
 OTHER ASIAN ORIGIN _____
 BLACK or AFRICAN AMERICAN
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
 WHITE
 WESTERN EUROPEAN
 EASTERN EUROPEAN
 MIDDLE EASTERN
 NORTH AFRICAN
 PREFER NOT TO DISCLOSE

Citizenship or Residency Status

- U.S. CITIZEN
 U.S. PERMANENT RESIDENT
 REFUGEE IN U.S.
 ASYLEE IN U.S.
 NON U.S. CITIZEN OR PERMANENT RESIDENT

International Students — Required Information

STATE/COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

DO YOU PLAN ON MAINTAINING A VISA STATUS OTHER THAN F-1 STUDENT VISA? NO YES IF YES, WHAT VISA STATUS WILL YOU HOLD? _____

DO YOU PLAN ON BRINGING A SPOUSE AND/OR CHILD TO THE U.S. WITH YOU DURING YOUR STUDIES? NO YES

ARE YOU CURRENTLY ATTENDING A U.S. INSTITUTION OR COMPLETING OPTIONAL PRACTICAL TRAINING (OPT) ON AN F-1 VISA? NO YES

Academic Background

List chronologically all universities and colleges (university-level institutions) previously attended. List most recent first:

CEEB CODE Admission use only	INSTITUTION NAME	LOCATION	DATES OF ATTENDANCE	DEGREE RECEIVED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature

I certify that the statements in this application are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

Return completed application and all application items to:

Office of Graduate Admission
University of San Francisco
2130 Fulton Street
San Francisco, CA 94117-1046

The Taxpayer Relief Act of 1997 was enacted to provide credit against tax liability for amounts spent on qualified tuition expenses by the student and his/her family. Only those tuition expenses not covered by financial aid or by tuition or other benefits are eligible for the credit. We anticipate that the University will be asked to provide confirming information to the Internal Revenue Service on behalf of its students and/or their parents. If you or your parent(s) anticipate claiming Tuition Tax credits, please provide the following information about the person who will claim the credit.

Taxpayer name: _____

Taxpayer ID#: _____

Taxpayer address: _____

The taxpayer is (check one): the student student's parents other

Letter of Recommendation

Please write a statement concerning the applicant's level of motivation, intellectual ability, creativity, communication skills and readiness for graduate studies. You may include a separate sheet for your evaluation, but please complete this form and include it with your evaluation.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

SIGNATURE OF RECOMMENDER

DATE

Recommender Name

LAST/FAMILY NAME

FIRST/GIVEN NAME

MIDDLE/ADDITIONAL NAME

POSITION

TELEPHONE NUMBER

EMAIL ADDRESS

Institution/Organization

INSTITUTION/ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP OR POSTAL CODE

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SIGNATURE OF RECOMMENDER

DATE

Recommender Name

LAST/FAMILY NAME

FIRST/GIVEN NAME

MIDDLE/ADDITIONAL NAME

POSITION

TELEPHONE NUMBER

EMAIL ADDRESS

Institution/Organization

INSTITUTION/ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP OR POSTAL CODE



Supplemental Application for Graduate Admission Doctor of Nursing Practice

Program Track

Please check one.

- BSN to DNP/Family Nurse Practitioner (NUDC)
- BSN to DNP/Healthcare Systems Leadership (NUDD)
- MSN/CNL to DNP/Family Nurse Practitioner (NUDA)
- MSN/CNL to DNP/Healthcare Systems Leadership (NUDB)
- MSN to DNP/Family Nurse Practitioner (NUDF)
- MSN to DNP/Healthcare Systems Leadership (NUDS)
- Master's to DNP/Executive Leadership (NUDL)

Employment History

EMPLOYER	POSITION	DATES	DESCRIPTION OF DUTIES

DOES YOUR CURRENT EMPLOYER OFFER FINANCIAL ASSISTANCE FOR GRADUATE STUDY? NO YES

Professional and Scholarly Activities

Other than your positions, describe briefly your professional and community activities. Include any scholarly presentations or publications.

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM ANY SCHOOL OR COLLEGE? NO YES (IF YES, PLEASE FULLY EXPLAIN ON A SEPARATE SHEET.)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? NO YES (IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET THE NATURE OF THE OFFENSE.)

Tests for Admission

Most recent date that you took test or date when you will take test.

TOEFL (Required if English is not your first language)

DATE: _____ SCORE: _____

Other Information

RN LICENSE NUMBER: _____

Table of Programs and Codes

School of Nursing and Health Professions

DEGREE	PROGRAM TITLE	PROGRAM CODE	EMPAHSIS CODE	TERMS	LOCATION	APPLICATION DEADLINE
Graduate Degree Programs for the Registered Nurse						
DNP	Family Nurse Practitioner <i>BSN to DNP</i>	NUDC	N/A	fall	SF	June 15th
DNP	Family Nurse Practitioner <i>MSN (CNL) to DNP</i>	NUDA	N/A	fall, spring	SF	June 15th, October 15th
DNP	Healthcare Systems Leadership <i>BSN to DNP</i>	NUDD	N/A	fall	SF	June 15th
DNP	Healthcare Systems Leadership <i>MSN (CNL) to DNP</i>	NUDB	N/A	fall, spring	SF	June 15th, October 15th
DNP	Family Nurse Practitioner <i>MSN to DNP</i>	NUDF	N/A	fall, spring	SF	June 15th, October 15th
DNP	Healthcare Systems Leadership <i>MSN to DNP</i>	NUDS	N/A	fall, spring	SF	June 15th, October 15th
DNP	Executive Leadership <i>Master's to EL-DNP</i>	NUDL	N/A	spring	SF	November 15th

Return completed application and all application items to:

Office of Graduate Admission
University of San Francisco
2130 Fulton Street
San Francisco, CA 94117-1046

For questions regarding the status of your application,
 please contact the Office of Graduate Admission:

(415) 422-6613 or
graduate@usfca.edu



Educating Minds and Hearts to Change the World

www.usfca.edu

Equal Opportunity and Non-Discrimination Policy: The University is an equal opportunity institution of higher education. As a matter of policy, the University does not discriminate in employment, educational services and academic programs on the basis of an individual's race, color, religion, religious creed, ancestry, national origin, age (except minors), sex, gender identity, sexual orientation, marital status, medical condition (cancer-related and genetic related) and disability, and on other bases prohibited by law. The University reasonably accommodates qualified individuals with disabilities under the law.