

SCHOOL OF NURSING
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
APPLICATION FOR DEGREE
(Master of Science in Nursing)

Instructions For Completing The Application

It is the student's responsibility to make sure that the Application for Degree is received in the School of Nursing, Office of Student Affairs by the deadline for the term for which application is being made. Deadline dates are posted in the School of Nursing, Office of Student Affairs for each term. **Leaving the form with a faculty member to sign does not satisfy this requirement.** If a student does not personally turn the form in, he or she should follow through and make sure that it is actually received by Office of Student Affairs personnel. Students should call (205) 934-6778 if they have questions concerning their Application for Degree.

The diploma fee is due in the Student Accounting Office before graduation. Diplomas will not be released to students who have a balance on their student account.

Each applicable section of the Application for Degree should be filled out. If any part of the application is not applicable to a particular student, the student should write "N/A" in the blank.

NAME: The complete name should be printed on the form exactly the way the student wishes it to appear on the diploma. First and last names must be the same on the diploma as on official University records. If a student wishes to have a first and/or last name on the diploma that is different from the one on official University records, a change of name form must be submitted to the Registrar's Office to change official University records.

MAJOR: Currently, there are only five options available to masters students: Clinical Nurse Specialist (Adult and Pediatric), Nurse Educator (Adult Critical Care and Pediatric Critical Care), Nursing and Health Systems Management (Nursing and Health Systems Administration, Nursing Informatics and Quality and Outcomes Management in Health), Individually Designed Study, and Advanced Practitioner of Nursing. Students in the Clinical Nurse Specialist, Nursing and Health Systems Administration, Individually Designed Study, and Systems majors will not have a practice area and area of concentration. Students in the Advanced Practitioner of Nursing major should also list their practice area and area(s) of concentration as applicable.

ETHNIC ORIGIN AND GENDER: This information is needed so that the School of Nursing can comply with federal reporting requirements.

PLAN I - PLAN II: Plan I (thesis) students should check Plan I and print the thesis title exactly the same as printed on the thesis. Plan II (non-thesis) students need only check Plan II.

COURSES CURRENTLY ENROLLED: Courses in which a student is enrolled for the term of graduation and for which grades are not posted should be listed.

(I) AND (N) GRADES: Courses for which the UAB transcript currently shows a grade of (I - Incomplete), and (N - No Grade Reported) should be listed.

TRANSFER COURSES: Any course taken at another institution that is not already listed on the UAB transcript and will be used to satisfy requirements for graduation should be listed.

SIGNATURE: Applications will not be processed without the applicant's signature.

PLEASE NOTE: When a student graduates, he or she is no longer eligible to enroll for courses until he or she applies for and is granted a new admission status.

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Date of Application	Indicate Month/Year you expect to receive degree:	Student ID Number
Type/Print name as you wish it to appear on your diploma		Home Telephone Number
Street Address/Rural Route and Box Number		Work Telephone Number
City	State	Zip Code
		Hometown as you wish it to appear in the commencement program (City and State)

OPTIONS:

Clinical Nurse Specialist _____ Adult _____ Pediatric _____	Nurse Educator _____ Adult Critical Care _____ Pediatric Critical Care _____
Nursing and Health Systems Management _____ Nursing and Health Systems Administration _____ Nursing Informatics _____ Quality and Outcomes Management in Health Systems _____	Individually Designed Study _____

Advanced Practitioner of Nursing _____

(Practitioners must complete the following information as applicable) Practice Area _____

Primary Area of Concentration _____ Secondary Area of Concentration _____

Ethnic Origin _____ Gender _____ **(Used for Federal Reporting Purposes only)**

Citizenship _____

Check the Plan for which you are applying: Plan One (Thesis) _____ Plan Two _____

Type/print title of thesis: _____

Courses currently enrolled:				Courses with grades of I and/or N to be removed:			
Term/Year	Course Prefix	Course Number	Credit Hours	Term/Year	Course Prefix	Course Number	Credit Hours
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Transfer of credit from another institution: Institution's Name _____
Term/Year Course Prefix Course Number Credit Hours

APPLICANT'S SIGNATURE _____
(Application cannot be processed without signature)

MAKE SURE YOU HAVE COMPLETED ALL APPLICABLE PARTS OF THIS FORM.

APPROVALS:

Advisor	Date	Associate Dean	Date
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**SCHOOL OF NURSING
UNIVERSITY OF ALABAMA AT BIRMINGHAM**

Evaluation of: _____

Capacity in which applicant is known: Student _____ Employee _____ Advisee _____ Other _____

To Evaluator: The Office of Student Affairs will appreciate any information which you are willing to give that will assist in evaluating for Employment the person whose name is above. Please make a check on the line at the place which represents your rating of the applicant. Please feel free to write any statements concerning the applicant in the space provided below. Return the form directly to the Office of Student Affairs. **Do not give this form to the applicant for returning.**

_____ I hereby waive my right to review this evaluation form.

_____ I do not waive my right to review this evaluation form. _____

Signature of Applicant

Date

	Excellent	Good	Average	Fair	Poor
1. Physical Appearance	. . Appearance a definite strength	. . Well dressed and groomed	. . Acceptable dress and grooming	. . Rather poor first impression	. Appearance a handicap
2. Personality	. . Magnetic	. . Well-liked	. . Pleasant accepted	. . Colorless, avoided by others	. Unpleasant antagonistic
3. Intellectual Capacity	. . Brilliant	. . Good mind, grasp ideas easily	. . Average comprehension	. . Somewhat slow in understanding	. Dull
4. Industry and Application	. . Tireless, does more than required	. . A good worker	. . Works fairly hard	. . Does only enough to get by	. Rather lazy, no perseverance
5. Originality	. . Original	. . Resourceful	. . New ideas occasionally	. . Rarely rises above routine	. Passive
6. Leadership	. . Assumes responsibility	. . Leader in minor affairs	. . Lets other lead	. . Unable to lead	. Dependent
7. Language, Presentation, Organization	. . Poised, pleasing, distinguished	. . Direct, effective	. . Adequate, easily understood	. . Hesitant, self-conscious	. Ungrammatical, ineffective
8. Clinical Skills	. . Excellent	. . Good	. . Average	. . Fair	. Poor

Additional comments:

Signature of Evaluator

Official position or title

Date

School, Hospital, Clinic or Agency

Address

Please return to: Office of Student Affairs
UAB School of Nursing
NB 105
1530 3rd Avenue South
Birmingham, AL 35294-1210