

SCHOOL OF NURSING
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
APPLICATION FOR NON-DEGREE CERTIFICATE OF COMPLETION

Instructions for Completing the Application

It is the student's responsibility to make sure that the Application for Non-Degree Certificate of Completion 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) 975-5302 if they have questions concerning their Application for Certificate.

Each applicable section of the Application for Non-Degree Certificate of Completion 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 or leave the check boxes empty.

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

OPTION: Currently, only two options have been approved for non-degree study students: Advanced Practitioner of Nursing and Teacher of Nursing. Students in the Advanced Practitioner of Nursing option should also check their practice area and area(s) of concentration as applicable. Students in the Teacher of Nursing option will not have a practice area and area of concentration.

COURSES CURRENTLY ENROLLED: Courses in which a student is enrolled for the term of program completion 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 the program of study should be listed.

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

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

TYPE OR PRINT

SCHOOL OF NURSING
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
APPLICATION FOR NON-DEGREE CERTIFICATE OF COMPLETION

Form with fields for Date of Application, Indicate Month/Year you expect to receive certificate, Student ID Number, Type/Print name as you wish it to appear on your certificate, Home Telephone Number, Street Address/Rural Route and Box Number, Work Telephone Number, City, State, Zip Code.

OPTION:

- Teacher of Nursing
Advanced Practitioner of Nursing

Practice Area

- Primary Care
Acute and Continuing Care

Primary Area of Concentration

- Adult Nurse Practitioner
Family Nurse Practitioner
Palliative Care Nurse Practitioner
Pediatric Nurse Practitioner
Adult Acute Care Nurse Practitioner
Neonatal Nurse Practitioner
Pediatric Nurse Practitioner

Secondary Area of Concentration

Adult Acute Care Only

- Cardiovascular Nursing
Neuroscience Nursing
Trauma Nursing

Courses currently enrolled:

Table with columns: Term/Yr, Course Prefix, Course Number, Credits

Courses with grades of I and/or N to be removed::

Table with columns: Term/Yr, Course Prefix, Course Number, Credits

Transfer of credit from: (Institution's Name;)

Table with columns: Term/Yr, Course Prefix, Course Number, Credits

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

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

APPROVALS:

Advisor Date

**THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
SCHOOL OF NURSING
GRADUATE STUDIES EMPLOYMENT DATA FORM**

Upon graduation from the MSN, Post-Master's or Doctoral degree program, the School of Nursing would like the Employment Data form completed about your employment status and plans. The form is located at <http://www.surveymonkey.com/s.asp?u=381322849564>. This information will be used to support our application for Professional Nurse Traineeship funds to support our students. Please complete this form.

**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