

FREQUENTLY ASKED QUESTIONS

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1. What happens after I submit my application?

Once your application has been submitted, you will receive a response e-mail verifying the receipt of your application.

2. I sent my application to my advisor. Does that mean my application has been successfully submitted?

No. Your application has not been successfully submitted until you receive an e-mail notification from the Student Affairs office that your application has been received.

3. Can I submit my application after the deadline?

No. In accordance with the University's policy, applications will not be accepted after the submission deadline. Applications received after the deadline will be returned to the applicant.

4. When should I pay my \$50 graduation fee?

Graduation fee will be added to your student account in BlazerNet ONLY after your graduation application has been processed. Please note, applications will not be processed until after the submission deadline. You will receive an e-mail notification prompting you to pay your graduation fee. The e-mail will be followed by a letter mailed to the address indicated on your application.

5. I recently got married/divorced and would like for my new name to be listed on my diploma. What should I do?

First and last names listed on the diploma have to match official University records. If you wish for your new first/last name to be reflected on your diploma, please complete a change of address/name form and submit it along with your application for degree. Copy of the change of name form may be downloaded from the School of Nursing web-site: www.uab.edu/nursing.

6. I moved since I completed my application for degree. What should I do?

Please visit www.uab.edu/nursing and complete a change of address/name form.

7. When will I receive my diploma?

Diplomas are mailed ONLY after degrees are posted. Anticipated receipt time is 6-8 weeks. Diplomas are mailed to the address indicated on your application for degree.

8. Who should fill out the Evaluation form?

Your evaluator should be familiar with you and your skills during your time in the DNP program, such as your academic advisor or faculty member. Please note, it is your responsibility to find an evaluator, send them a copy of the evaluation form and provide them with instructions of submitting the form to School of Nursing Student Affairs Office.

9. How many Evaluation forms are required to be completed?

You are required to have at least one (1) evaluation form submitted, but you may submit more.

10. Is the Evaluation form mandatory?

Yes, both forms are mandatory.

11. Do I need to submit my Evaluation form with my Application for Degree?

You do not have to. Application for Degree has to be turned in by the appropriate deadline. Your evaluation form has to be turned in by the last day of class for your graduating semester.

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APPLICATION FOR DNP DEGREE

Please Read Instructions Listed Below Prior to Completing the Form

1. The application for degree must be received in the School of Nursing Student Affairs office by the deadline listed on the School of Nursing web-site: www.uab.edu/nursing.
2. Completed forms should be submitted to the School of Nursing Registrar via email: sonregistrar@uab.edu.
3. Make sure to always keep a copy of the submitted application for your records.
4. Please type in or legibly print your responses.

Month/Year you expect to receive degree

Date of Application

Legal Name as you wish it to appear on your diploma (First, Middle, Last)

Student Number

Specialty

Street Address

City

Zip Code

State

Your diploma will be mailed to this address. If you change your address, you must complete a change of address form and submit it to Student Affairs.

Phone Number

E-mail

Hometown as you wish it to appear in the commencement program (City, State).

If left blank, your current city and state will be used

Race

Gender

(Used for Federal Reporting Purposes only)

Scholarly
Practice Project
Title

Courses currently enrolled:

Term/Yr.	Course Prefix	Course Number	Credit Hours
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Term/Yr.	Course Prefix	Course Number	Credit Hours
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transfer Credit from another Institution: Institution's Name

Term/Yr.	Course Prefix	Course Number	Credit Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Signature

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APPROVALS (Office Use Only)

Advisor

Date

Associate Dean

Date

DNP EVALUATION FORM

Please Read Instructions Listed Below Prior to Completing the Form

Completed forms should be submitted to Kevin Jerrolds via e-mail (kljerrol@uab.edu), fax (205-934-5490), or in person (Nursing Building, Room 1002E).

Student's Name (Last, First)

Date

Please use this scale to evaluate the student: 1 - Never; 2 - Rarely; 3 - Occasionally; 4 - Almost Always; 5 - Consistently

OUTCOMES	COMMENTS	1	2	3	4	5	N/A
I. Synthesized scientific evidence for the development of clinical interventions for practice	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
II. Evaluated policy, healthcare delivery, and organizational systems for current and future health care needs	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
III. Translated scientific, theoretical, and ethical principles into healthcare for individuals, families, and populations	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IV. Incorporated knowledge of current and emerging health technologies to improve healthcare delivery and organizational systems	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
V. Advocated for social justice, equity, and ethical policies in healthcare	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VI. Demonstrated intra and inter-professional collaboration to address health disparities and to improve the quality of healthcare across diverse populations and cultures	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VII. Assumed complex leadership roles to advance clinical practice and healthcare delivery at the organizational and systems level and to improve health outcomes of individuals and populations	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III. Additional Comments

Signature of Evaluator

Printed Name of Evaluator

Official Position/Title

Date