

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.

TYPE OR PRINT

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

Date of Application, Indicate Month/Year you expect to receive degree, Social Security 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, Nurse Educator, Adult Critical Care, Nursing and Health Systems Management, Nursing and Health Systems Administration, Nursing Informatics, 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:

Table with 2 main sections: Courses currently enrolled and Courses with grades of I and/or N to be removed. Columns include Term/Year, Course Prefix, Course Number, and Credit Hours.

Transfer of credit from another institution: Institution's Name

Term/Year, Course Prefix, Course Number, Credit Hours

Empty lines for transfer of credit details.

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

**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 following information about your employment status and plans. This information will be used to support our application for Professional Nurse Traineeship funds to support our students. Please complete this form and return it in **two** weeks after your date of graduation, if you did not complete the form during your last term in the program.

Name _____ SS# _____

Address _____
Number and Street (or Rural Route)

Town or City County State Zip Code

Home Telephone (____) _____ Work Telephone (____) _____

Name of Employer _____

Title/Position _____

Educational Requirements for Position: (please check one) ___MSN required ___MSN preferred
___MSN not required or preferred

Address _____
Number and Street (or Rural Route)

Town or City County State Zip Code

Please specify County

Please check all of the following that apply to your employment site:

- | | |
|--|--|
| ___ Designated Rural Health Center | ___ Indian Health Service Agency |
| ___ Designated Community Health Center | ___ National Health Service Corps Site |
| ___ State or County Health Department | ___ Federally Qualified Health Center |
| ___ Migrant Health Center | ___ Health Professional Shortage Area |
| ___ Home Clinic for the Homeless Grantee | ___ Dental Shortage Area |
| ___ Nurse Shortage Area | |

Return completed form to: Student Affairs Office
University of Alabama School of Nursing
NB 201B
University of Alabama at Birmingham
1530 3rd Avenue South
Birmingham, AL 35294-1210

Please keep us updated on changes of address, telephone numbers, and title/position.

Student Information

The Honor Society for Nursing, Sigma Theta Tau International

Dear Graduating Class

Eligible graduating students are invited to join the Nu Chapter of Sigma Theta Tau each semester. In just a few weeks students who meet the criteria for membership will be notified by mail and invited to join Sigma Theta Tau via an on-line application process. In order to be considered for membership in Sigma Theta Tau, graduate students must meet the following criteria:

1. Have a UAB GPA of 3.5 or higher
2. Exhibit academic integrity
3. Demonstrate leadership potential

Please provide the Nu Chapter Counselor with the following information so that Sigma Theta Tau can extend an invitation for membership to you if you qualify. Please write as clearly as possible so that we can be sure to contact you promptly. Thank-you!

Name: _____

Current Mailing Address:

E-Mail Address: _____

Telephone Number: _____

Have you ever been inducted into Sigma Theta Tau previously?

No

Yes

**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 201B
1530 3rd Avenue South
Birmingham, AL 35294-1210