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.
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 Critical Care __________

Nurse Educator __________________________

Nursing and Health Systems Management____________________
Nursing and Health Systems Administration ______
Nursing Informatics ______

Advanced Practitioner of Nursing __________

(Please check below if 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:

<table>
<thead>
<tr>
<th>Term/Year</th>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Term/Year</th>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Credit Hours</th>
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<tbody>
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</table>

Transfer of credit from another institution: Institution's Name____________________

<table>
<thead>
<tr>
<th>Term/Year</th>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Credit Hours</th>
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</table>

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   _____ 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.
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
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** ________________

<table>
<thead>
<tr>
<th>1. Physical Appearance</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance a definite strength</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Well dressed and groomed</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Acceptable dress and grooming</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Rather poor first impression</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Appearance a handicap</td>
<td>•</td>
<td>•</td>
<td>•</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Personality</th>
<th>Magnetic</th>
<th>Well-liked</th>
<th>Pleasant</th>
<th>Colorless, avoided by others</th>
<th>Unpleasant antagonistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
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<tr>
<th>3. Intellectual Capacity</th>
<th>Brilliant</th>
<th>Good mind, grasp ideas easily</th>
<th>Average comprehension</th>
<th>Somewhat slow in understanding</th>
<th>Dull</th>
</tr>
</thead>
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<tr>
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<tr>
<th>4. Industry and Application</th>
<th>Tireless, does more than required</th>
<th>A good worker</th>
<th>Works fairly hard</th>
<th>Does only enough to get by</th>
<th>Rather lazy, no perseverance</th>
</tr>
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<tr>
<th>5. Originality</th>
<th>Original</th>
<th>Resourceful</th>
<th>New ideas occasionally</th>
<th>Rarely rises above routine</th>
<th>Passive</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
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<tr>
<th>6. Leadership</th>
<th>Assumes responsibility</th>
<th>Leader in minor affairs</th>
<th>Lets other lead</th>
<th>Unable to lead</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
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<tr>
<th>7. Language, Presentation, Organization</th>
<th>Poised, pleasing, distinguished</th>
<th>Direct, effective</th>
<th>Adequate, easily understood</th>
<th>Hesitant, self-conscious</th>
<th>Ungrammatical, ineffective</th>
</tr>
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<tbody>
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<tr>
<th>8. Clinical Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
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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