Please use this checklist as a reminder.

Documents required for nursing Ph.D. program:

☐ Applications: Complete the University “Graduate Admission Application” online and complete payment. Complete the “Ph.D. Nursing Admission Application” attached and send to Deborah Sills at dsills@wmcarey.edu.

☐ Official Transcripts: Request that official transcripts of credit be sent directly to the Office of Graduate Admissions. Transcripts must be mailed directly from all schools attended. Hand delivered transcripts are not acceptable.

☐ Recommendations: Recommendations must be completed by at least three persons familiar with the applicant’s abilities, but not family members. Two must attest to research and scholarship and one personal reference. The forms must be sent to the Office of Graduate Admissions. They may be either mailed to the address at the bottom or faxed to 601-318-6765.

☐ Unencumbered nursing license with no pending legal or state board action

☐ Scholarly 1-2 page narrative of personal philosophy on nursing education/administration

☐ Current curriculum vitae

☐ GRE score or ☐ Intent to take NUR 692 Scholarly Writing for Healthcare Professionals

All documentation (except for the Ph.D. Nursing Admission Application) must be sent to:

Graduate Admissions Office
William Carey University
WCU Box 155
498 Tuscan Avenue
Hattiesburg, MS 39401

If any documentation is sent to other university addresses, it could delay the review of the application.

For additional information, please see our website at www.wmcarey.edu
William Carey University
Ph.D. Nursing Admission Application
WCU Box 8
498 Tuscan Avenue
Hattiesburg, MS 39401
601-318-6478
Please send to Deborah Sills at dsills@wmcarey.edu.

☐ New Admission  ☐ Re-admission  ☐ Non-degree  Date of Application: ____________

☐ Mr.  ☐ Ms.
Name  ☐ Mrs.
Last  First  middle/maiden

Present Address ____________________________________________________________

Present Telephone: __________________

__________________________________________________

City  State  County/parish  zip code
Business Telephone: __________________

E-mail Address______________________________  Cellular Telephone: __________________

First classes will be taken:  ☐ Fall 20___  ☐ Winter 20___  ☐ Spring 20___  ☐ Summer 20___

☐ Two-year option  or  ☐ Three-year option

COLLEGES ATTENDED
Please list all colleges, including William Carey.  An official transcript from each college attended is required. (This included transcripts from colleges where academic renewal was granted.) Failure to list completed and accurate information at the time the application is submitted could result in the cancellation of your enrollment.

<table>
<thead>
<tr>
<th>Name and Location of Institutions Attended (most recent first)</th>
<th>Date of Attendance (From)</th>
<th>Degree Granted</th>
<th>Name While In Attendance</th>
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</table>

Have you ever been suspended from a college or university?  ____ No  ____ Yes
If yes, give college/university, date and explanation. ____________________________________________

To demonstrate basic competence in statistics, one of these two conditions must be satisfied:  a course within the past ten years with a grade of B or higher OR recent research project involving statistical analysis.

- The last statistics course I completed was in ____________ (term), with a grade of ___.
- My last research project involving statistical analysis was in ____________ (date)

What was your overall graduate grade point average?  _______

Do you propose to transfer graduate credit?  ☐ Yes  ☐ No
If yes, a maximum of 15 hours may be transferred from another university. Approval of transfer hours is considered on an individual basis. Course description and course syllabus must be submitted for consideration.

All documents must be received before final action may be taken on this application.
I hereby affirm that to the best of my knowledge all information furnished on this form is correct and accurate.

Name of Applicant ____________________________  Date ____________________________

In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the bylaws of the university, William Carey University does not discriminate against any person on the basis of race, color, national or ethnic origin, sex, age, gender, or disability in admissions or in the administration of its education policies, scholarships, loan programs, athletic and other school-administered rights, privileges, programs, and activities generally accorded or made available to students at the school.
Mr.
Ms.
Mrs. ____________________________________ is applying for admission to graduate study at

William Carey University in the field of __________________________________________

Please fill out this form and return it to:

Graduate Office
William Carey University, Box 155
498 Tuscan Avenue
Hattiesburg, MS 39401 or fax to: (601) 318-6765 (no cover sheet required)

1. How long have you known this applicant? _______ Years _______ Months

2. In what capacity have you known this applicant? (Cannot be a family member) ________________

3. In your opinion, what is the applicant’s success potential in graduate work?
   ( ) Definitely Master’s level
   ( ) Probably master’s level
   ( ) Probably below master’s level
   ( ) Do not feel qualified to judge

4. Do you feel that this applicant’s dedication, ability, and sincerity of purpose will enable him/her to
   complete graduate work at this institution? If not, please explain. ________________________________

5. Is this applicant the kind of person you would employ in either a school or other capacity? ______

<table>
<thead>
<tr>
<th>Please check the level you feel best describes the applicant</th>
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<tbody>
<tr>
<td>1. Academic ability</td>
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<tr>
<td>2. Analytical thinker</td>
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<tr>
<td>3. Research aptitude</td>
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<td>4. Originality and creativity</td>
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<td>5. Judgment and common sense</td>
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<td>6. Leadership ability</td>
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<td>7. Cooperativeness</td>
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<td>8. Moral attitudes and ideals</td>
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<td>9. Emotional stability</td>
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<td>10. Health</td>
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</tbody>
</table>

Signature of respondent __________________________ Title or position __________________________

Typed or printed name __________________________ Phone number __________________________
NOTE: This is to be sent to the school you previously attended

An official transcript is defined as one mailed from one institution to another. For courses currently in progress, a supplementary transcript(s) also is required upon the completion of those courses.

Date __________________________

TO WHOM IT MAY CONCERN:

I hereby request that ______ copy(ies) of the transcript of:

Last Name  First  Middle  Maiden

To be sent to:

William Carey University
Office of Graduate Admissions
WCU # 155
498 Tuscan Avenue
Hattiesburg, MS 39401

Name while in attendance: ____________________________

Date of attendance: ____________________________

Social Security Number: ____________________________ Date of Birth ____________________________

Thank you for your immediate attention.

Signature

______________________________________________________________

Address  Phone Number (home)

______________________________________________________________

City  State  Zip  Phone Number (cell)