

## “*Inside UCSF School of Nursing*”

### *Application Instructions*

We welcome your application to attend the **Inside UCSF School of Nursing** program at the University of California, San Francisco. In 2008, this one-day program will be held on **Friday, March 21st**.



We encourage the participation of students and Master’s prepared nurses from ethnically diverse backgrounds, especially those who may be underrepresented in the nursing profession.

Any student enrolled in a Master’s in Nursing program and currently completing their last year is eligible for this program.

Applicants must have a *competitive grade point average* (**3.5** preferred) and will be asked to write a brief goal statement indicating their area of interest for potential doctoral study.

Please complete the following application form using these guidelines:

1. Complete all pages of the application, and check for completeness!
2. Submit your application by **Monday, March 3, 2008**

Fax or mail your application to:

**Asha Reed**, Recruitment Principal  
Office of Academic Programs  
UCSF School of Nursing, Box 0604  
2 Koret Way, Room #N-331B  
San Francisco, CA 94143-0604  
Telephone: (415) 476-4810 Fax: 415-476-9707  
Email: [asha.reed@nursing.ucsf.edu](mailto:asha.reed@nursing.ucsf.edu)

**Judy Martin-Holland**, Assistant Dean  
Office of Academic Programs  
UCSF School of Nursing, Box 0604  
2 Koret Way, Room #N-331B  
San Francisco, CA 94143-0604  
Telephone: (415) 476-4801 Fax: 415-476-9707  
Email: [judy.martin-holland@nursing.ucsf.edu](mailto:judy.martin-holland@nursing.ucsf.edu)

*Consult either of the above persons for any additional information you may need.*

**“Inside UCSF School of Nursing”**

**Application Form**

(Please Print or Type)

<b>I. Student Information</b>	
<b>Name (Last, First Middle):</b>	
<b>Social Security Number:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Date of Birth (mm/dd/yyyy):</b>	<b>Place of Birth:</b>
<b>Mailing Address:</b>	
<b>Home Telephone Number (include Area/Country Codes):</b>	
<b>Cell Phone Number (include Area/Country Codes):</b>	<b>Work Phone Number (include Area/Country Codes)</b>
<b>Email Address [please print clearly and distinguish L vs. I (one), o vs. Ø (zero), s vs. 5 (five), e.g., carol105@st-univ.edu]:</b>	
<b>Alternate Email:</b>	
<b>Current Student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of current College/University _____	
<b>Practicing RN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, if not, please state intended graduation date:	
<b>Overall Grade Point Avg. (GPA):</b>	<b>Major GPA:</b>
<b>Provide a professional reference contact person: (Include name, title, and phone number)</b>	
<b>Ethnicity (check one)</b> <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Mexican-American/Chicano <input type="checkbox"/> Other Spanish American/Latino <input type="checkbox"/> East Indian/Pakistani <input type="checkbox"/> Chinese/Chinese American <input type="checkbox"/> Filipino/Filipino-American <input type="checkbox"/> Japanese/Japanese American <input type="checkbox"/> Korean/Korean American <input type="checkbox"/> Vietnamese/Vietnamese American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other Asian <input type="checkbox"/> Decline to State <input type="checkbox"/> Other _____	
<b>II. Area of Research</b>	

### ***III. Goal Statement***

*In essay form, please submit an abbreviated **goal statement**. Consider your professional goals and how you envision these goals can be achieved through doctoral study in nursing. Summarize these thoughts and your proposed area(s) of study in an essay. The essay should be typewritten (double-spaced). You may attach one additional page, if needed. Make sure your name is at the top of each page submitted.*

***Applicant Signature:***

***Date:***