

**UNIVERSITY OF MASSACHUSETTS BOSTON**  
**College of Nursing & Health Sciences**

**Degree Application Form - RN to Master of Science Program in Nursing**

PLEASE TYPE OR PRINT CLEARLY

**Name:** \_\_\_\_\_

(As you wish it to be printed on your diploma. Name must be the same on file.)

**Social Security#:** \_\_\_\_\_

**Semester & year accepted into RN to M.S. Program:** \_\_\_\_\_

**Anticipated Graduation Date:** May/June \_\_\_\_\_ Aug \_\_\_\_\_ Dec \_\_\_\_\_ 20\_\_\_\_\_

**Note: Diplomas will be mailed out to the address on file.**

FILL IN THE INFORMATION BELOW FOR REQUIRED UNDERGRADUATE COURSES TO BE COMPLETED  
TOWARD THE BS DEGREE AT UMB.

Core Courses

<u>Dept. &amp; Course</u>	<u>Course Title</u>	<u>Sem/Year</u>	<u>Credit</u>	<u>Grade</u>
NU 201	Pathophysiology	_____	3	_____
NU 220	Health Assessment	_____	3	_____
NU 280	Transition to Nursing	_____	3	_____
NU 312	Healthcare Informatics	_____	3	_____
NU 314	Pharmacology	_____	3	_____
NU 320	Intro to Research	_____	_____	3 _____
NU 332	Legal, Ethical, Health Policy	_____	2	_____
NU 445	Community Health	_____	9	_____
NU 440	Leadership/Management	_____	3	_____
RN	Clinical Credit	_____	37	_____
WPE	Writing Proficiency Exam	_____	_____	_____

LIST GRADUATE COURSES TO BE CREDITED TOWARD MS DEGREE-AT UMB.

**Core Courses**

<u>Dept. &amp; Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 601	Adv. Nsg. Concepts	_____	3	_____
NU 602	Research Process in Nursing	_____	3	_____
NU 603	App. of Research	_____	3	_____

**Functional Area Courses (Adm, Edu, CNS) (Circle Appropriate Courses)**

<u>Dept. &amp; Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 611,621,631	_____	_____	3	_____

NU 698a, b or d \_\_\_\_\_ 6 \_\_\_\_\_  
 NU or other grad course \_\_\_\_\_ 3 \_\_\_\_\_

**Functional Area Courses (NP's)**

<u>Dept. &amp; Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 631	_____	_____	3	_____
NU 632	_____	_____	6	_____
NU 634	_____	_____	3	_____
NU 698 f or h	_____	_____	6	_____

**Clinical Concentration Courses (Circle Courses Completed)**

<u>Dept. &amp; Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 641, 651, or 661	_____	_____	3	_____
NU 642, 652, or 662 or 635	_____	_____	3	_____
NU 643, 653, or 663 or 636	_____	_____	3	_____
NU 698 c, e or g	_____	_____	6	_____

**Electives**

<u>Dept. &amp; Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Credit</u>	<u>Grade</u>
NU 633 or elective	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Credits

**Transfer Credits**

LIST ALL COURSES NOTED ABOVE THAT WERE TAKEN OFF-CAMPUS

<u>Dept. &amp; Course</u>	<u>Title</u>	<u>Semester/Yr</u>	<u>Name of School</u>	<u>Credit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*To the best of my knowledge the information given above is correct and complete.*

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

**Graduate Program Director's Approval**

I recommend that \_\_\_\_\_ be awarded the Master of Science Degree effective May/June \_\_\_\_\_, Aug \_\_\_\_\_ or Dec \_\_\_\_\_20\_\_\_\_\_ pending successful completion of current semester courses and the CMP. The information furnished by the above named candidate has been verified from the records of the Master of Science Program, Nursing.

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Amy Rex-Smith, Graduate Program Director, College of Nursing & Health Sciences