

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

**Degree Application Form - Master of Science Program in Nursing
PLEASE PRINT OR TYPE 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 M.S. program: _____

Anticipated Graduation Date: May/June _____ Aug _____ Dec _____ 20_____

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

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

Core Courses

<u>Dept. & 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 or fill in appropriate course)

<u>Dept. & 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)

NU 631	_____	_____	3	_____
NU 632	_____	_____	3	_____
NU 634	_____	_____	3	_____

NU 698 f or h _____ 6 _____

Clinical Concentration Courses
(Circle Appropriate Course)

<u>Dept. & 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 _____	_____	_____	3	_____
or 636				
NU 698 c ,e or g	_____	_____	6	_____

Electives

<u>Dept. & 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. & Course</u> <u>of School</u>	<u>Title</u> <u>Credit</u>	<u>Semester/Yr</u>	<u>Name</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 in Nursing.

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