

University of Louisiana at Monroe Kitty DeGree School of Nursing Graduate Nursing Program

Admission Application Packet

Revised April 2020



Check	list for Application to Kitty Degree Graduate Nursing Program:
	Application and graduate application fee submitted to the School of Graduate Studies ULM www.ulm.edu/gradschool See "How to Apply" section.
	Application and nursing application fee (\$50.00 money order) submitted to the Kitty Degree School of Nursing Graduate Program. Attach a 2 x 2 passport photo to the application form.
	BSN degree completed from an nationally accredited school of nursing
	GPA minimum 2.8 on 4.0 scale (cumulative)
	Minimum 2 years work experience as a registered nurse
	Current, unencumbered registered nurse license
	If the GPA is less than 2.8, applicants may take the Graduate Record Examination (GRE); the Exam must be taken within 5 years of admission date. The verbal and quantitative scores from the GRE will be multipled by the student's GPA to determine a "formula score". The minimum formula score for acceptance is 712.
	Official transcripts from all college/universities attended submitted to the School of Graduate Studies

To be eligible for admission, the applicants must hold a bachelor's degree in nursing from a regionally accredited college or university and satisfy the ULM general admission requirements (see School of Graduate Studies admission requirements). Documents must be submitted prior to the published deadline. All documents will become property of ULM and will not be returned. The application fee money order for nursing must be attached to the application document; applications will not be processed without the application fee. Mail all nursing application documents to:

Kitty Degree School of Nursing Graduate Nursing Program Kitty Degree Hall 700 University Avenue Monroe, Louisiana 71209-1640 Attach a 2 x 2 pass port
Photo here

Graduate Nursing Program Admission Application Master of Science in Nursing (MSN)

Deadline to apply April 1st

Application fee \$50.00 (money order)

Plan to enroll	Semester	Year	_			
Program to Enter:	: Adult Ge (AGPCN	rontology Primary Care N P)	urse Practi	tioner		
Family Nurse Practitioner (FNP)						
Personal informat	tion:					
Name: (Last)		(First)		MI:		
Maiden Nan	ne (if applicable	2)				
Date of Birth		Gender	F	M		
Current Address:	(Street)					
(City,	State, Zip Code	e)				
Telephone: (Home	2)	Cell				
Email address:						
State(s) of current	RN licensure: _					
Universities/colle	ges attended:					
School Name		Location (city, state)	Degree earned	Year degree awarded		
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Registered nurse work experience

Agency/Facility Name, city/state	Clinical area of practice	Years worked in this site